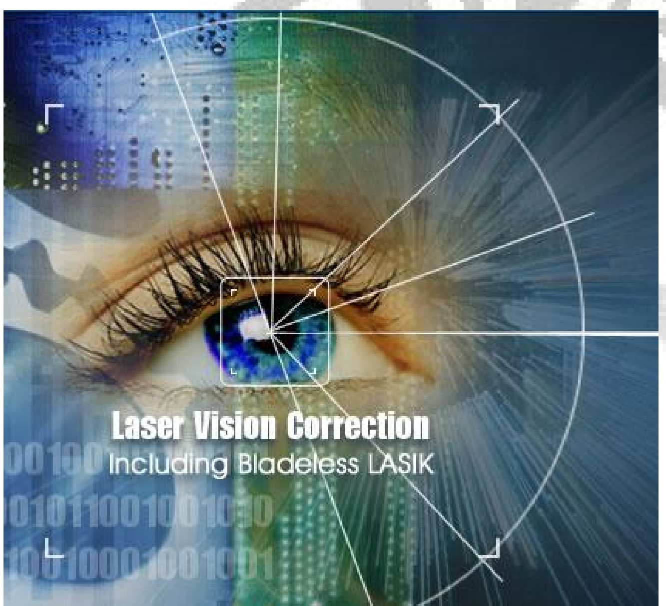
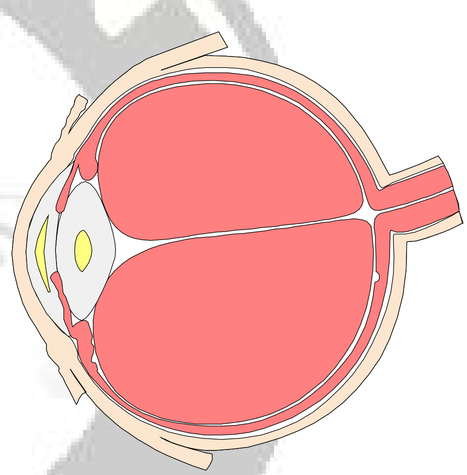
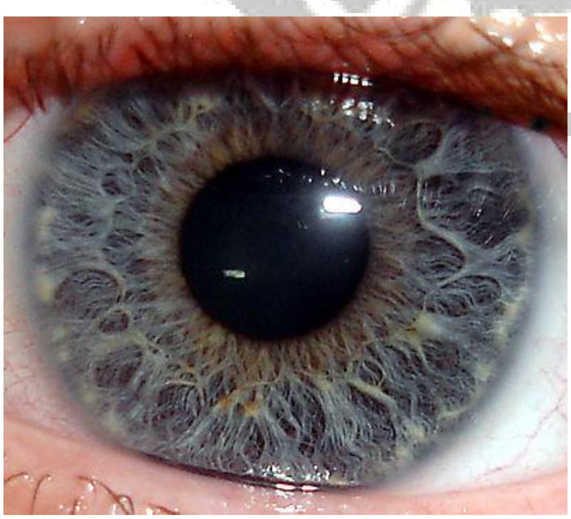
اتحاد الطلاب

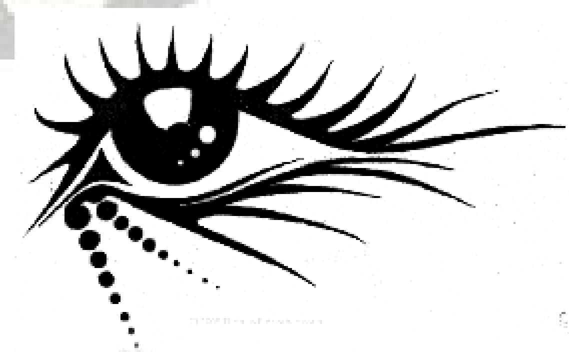
OPhthalMOlOgY

Opthalmology









Ophthalmology Curriculum

1. Overall Aims Of Course:

- Diagnosis of common ophthalmic diseases in the community .
- Provide ophthalmic care to community .
- Management of 1ry health centres .
- Provide health education of preventive measures to common ophthalmic diseases .5- Knowledge & use of the statistical data of ophthalmic diseases to improve community health .

2. Intended Learning Outcomes Of Course (ILOS):

1. Knowledge & Understanding:

1. Ophthalmic diseases that can be managed by the general practitioner .
2. Ophthalmic diseases that should be transferred to a specialist a3- Ocular emergencies & how to start the 1st aid .

2. Intellectual Skills:

1. Problem solving of case studying of common ophthalmic diseases .
2. Relationship between eye & body disorders .
3. Investigations related to ophthalmology.

3. Professional & Practical Skills:

1. General ophthalmological examination .
2. Examination of the anterior segment of the eye .
3. Methods of simple manoevers e.g foreign body removal.

4. General & Transferable Skills:

1. Computing skills
2. Communication skills .
3. Managereal skills(planning ,budging , decision making , negotiation & marketing) .

3. Contents (per year)

Topic	No. of hours	Lecture	Tutorial/Practical
Ocular examination	5	1	4
The eye lid	6	2	4
The lacrimal system	2	1	1
The dry eye	2	1	1
The cojunctiva	6	2	4
The cornea	6	2	4
The sclera	2	1	1

The uveal tract	6	2	4
The lens	6	2	4
Glaucoma	6	2	4
Red eye	2	1	1
Neuroophthalmology	4	2	2
The retina	5	2	3
The optic nerve	2	1	1
Intraocular tumours	2	1	1
Errors of refraction	5	1	4
Squint	5	1	4
Ocular pain & headache	2	1	1
The orbit	2	1	1
Ocular injuries	4	2	2
Ocular emergencies	4	1	3
Laser in ophthalmology	3	1	2
Total	87	31	56

4. Teaching & Learning Methods:

1. Lectures
2. Tutorials
3. Clinical examinations
4. Slides

5. Student Assessment:

Assessment methods:

1. Written exams.: short essays & MCQs to assess :intellectual skills
2. Clinical examsto assess :clinical skills.
3. Slides . to assess :clinical & intellectual skills .
4. Oral exams to assess :knowledge & understanding

Assessment schedule:

1. Assessment 1 - MCQs Week 8th
2. Assessment 2 - Slides week 8th
3. Assessment 3 - Cases & slides final clinical exam.
4. Assessment 4 - Essays : final written exam

Weighting of Assessments:

1. Mid-Term Examination 0 %
2. Final-term Examination 20 %
3. Oral Examination. 12 %
4. Practical Examination 12 %
5. Semester Work 0 %
6. Other types of assessment 66 %

7. Total 100%

6. List of References:

1. Course Notes
2. Essential Books (Text Books)
   Spotlight on Ophthalmology : written by staff members of the department
3. Recommended Books
   Clinical Ophthalmology Kanski
4. Periodicals, Web Sites, ... etc

7. Facilities Required For Teaching And Learning:

1. Data projectors
2. Slide projectors
3. Out-patient clinic
4. Lecture halls

EYE LID

1-Comment on the aetiology, C/P &ttt of stye
2-Discuss the aetiology of entropion.
3-What are the causes & management of cictricial entropion of the upper lid?
4-Describe the various types of entropion & their Management
5-Discuss entropion of the lower lid, C/P & management
6-What is ptosis, Describe its various types?
7-Discuss causes of ptosis, Mention its ttt?
8-Discuss the aetiology & ttt of trichiasis. ?
9-Give an account on chalazion of the lid. ?
10-What are the clinical types of ectropion, Describe the C/P?

GLAUCOMA

1-Give an account on medical ttt of acute congestive glaucoma?
2-What is differential diagnosis of acute 1ry congestive glaucoma?
3-discuss the ttt of acute congestive glaucoma?
4-What is the management of congestive glaucoma?
5-What is meant by 2rt glaucoma, discuss its causes?
6-How can affection of the crystalline lens causes 2ry glaucoma?
7-Explain how may iritis lead to 2ry glaucoma?
8-A 50-year-old female developed rapid diminution of vision in her right eye,which is red, tender & has photophobia:

***Enumerate the possible causes.**
***How can you differentiate between the different Causes?**
***How can this patient lose her vision?**

9-How can you proceed to diagnose a case of POAG, What are the factors that affect the prognosis?
10-How can you treat a case of POAG?
11-Discuss the management of acute congestive glaucoma" closed angle glaucoma"

RETINA & OPTIC NERVE

1-Comment briefly on 1ry retinal detachment?
2-Give an account on CL/P of retinitis pigmentosa?
3-What are the serious intraocular complications of long standing DM?

4-What are the fundus changes in DM?
5-Describe the CL/P & ttt of diabetic retinopathy?
6-What are the clinical types of Optic atrophy and their causes?
7-Give an account on papilloedema?
8-Write notes on CRVO?

Conjunctiva

1-Describe the etiology,C/P,complication and medical ttt of trachoma.
2-discuss clinical picture of trachomatous pannus.
3- what are the signs,symptoms,complications and ttt of purulent conjunctivitis.
4-describe the managemrnt of acute congestive mucopurulent conjunctivitis.
5- discuss the etiology,clinical picture, and possible complication of bacterial mucopurulent conjunctivitis.
6-discuss the prophylaxis,complication and ttt of ophthalmia neonatorum.
7-discuss the management of a case of acute memberanous conjunctivitis.
8-discuss the clinical picture of vernal conjunctivitis"spring catarrh" ,give an account on its ttt.
9-as regard pannus:
*** give the definition of corneal pannus.**
*** what are different types of pannus.**
*** discuss the type of the commenest pannus in Egypt.**
10-discuss the clinical picture,complication and management of phylectenular keratoconjunctivitis



Lacrimal

1. **comment on xerosis**

2. how would you manage acute dacryocystitis.
3. What's the etiology.CL/P and complication of chronic dacryocystitis.
4. Describe the management of lacrimal fistula
5. How would you investigate a patient suffering from watering of his eyes?
6. Discuss causes of watering of the eye in a newborn.

THE ORBIT

1-what are the causes and complication of orbital cellulites?
2-Give short account on causes of unilateral proptosis.

CORNEA

1-Comment on dendritic corneal ulcer.
2-What is the management of tow serious complications of hypopyon corneal ulcer?
3-Discuss aetiology, C/P & ttt hypopyon corneal ulcer.
4-Describe the complication of perforation of a small central ulcer
5-How can corneal affection causes defective vision?
6-Discuss complications of corneal ulcer?

اصـــبر على كيد الحسـود   فان صبرك قاتلـــــه
فالنـــــــــار تأكل بعضها   ان لم تجد ما تأكلـــه

UVEAL TRACT

1-What are the types & complications of iridectomy?
2- Discuss the ttt of acute iritis, How can acute iritis produces 2ry glaucoma?
3-Discuss the clinical picture & ttt of acute iritis.
4-A patient has circumcorneal ciliary injection in one eye, What are the possible causes, How can you differentiate between them?
5-Discuss the signs & symptoms of diseases causing ciliary injection.
6-A child 5 years old presented with red eye, Enumerate & differentiate the possible causes

7-Give an account the causes, signs, symptoms, complications & ttt of acute iridocyclitis.
8-Write short notes on panophthalmitis.
9-Write short notes on supp. Endophthalmitis.



THE LENS

1-Describe the management of lamellar cataract.
2-What are the signs of intumescent senile cataract.
3-Discuss the signs & complication in immature senile cataract, Give an account on ant. Polar cataract.
4-Describe the CL/P & ttt of diabetic changes in the lens
5-How would you diagnose & a case of senile cataract?
6-What are the signs of surgical aphakia, Give an account on its ttt.
7-What are the commenest tow causes of bilateral, gradual failure of vision in a healthy 60 years patient with emmetropic eyes, comment on the ttt of one of them
8- Comment on monocular aphakia.
9- Discuss on the histology of the lens.
10-Discuss the clinical picture of different stages of senile cataract comment briefly on its ttt.

EYE INJURIES

1-Discuss the effects of blunt trauma on the ant. Segment of the eyeball (cornea, A.C., iris, ciliary body & lens)
2-Discuss the possible mechanisms by blunt trauma to the eye induces rise of IOP
3-Write short notes on the effect of blunt trauma on the iris.
4-Enumerate the complications that occur in the eyeball following trauma by a tennis ball
5-What are the complications & ttt of traumatic hyphaema.
6-Comment on ocular lime burn.

ERRORS OF REFRACTION

1-Comment on presbyopia.
2-Comment on hperopia.
3-Mention the various types of astigmatism.
4-Give the ttt of irregular astigmatism.
5-What are the types, complications & ttt of myopia.
6-A high myopic patient developed rapid drop of vision in one eye
* What are the possible causes of drop vision?
* Enumerate the types of myopia.
* Describe the signs seen in the fundus of the other eye.
7-Discuss causes of errors of refraction.

ليس من الحكمة ان يحطم الاعرج عكازه علي رأس عدوه

SQUINT

1-What are the signs of sixth nerve palsy?
2-Give short account on ocular headache.
3-Discuss the types and diagnosis of latent squint.
4-Comment on:
* Cover test. * Asthenopia.

TUMORS

1-Comment on retinoblastoma.

THE FIELD

1-Give an account on methods of recording the field of vision.
2-Give an account on Scotoma.

3-Enumerate the various methods of examining the field of vision & and comment on their clinical application, what meant by the term positive, negative, relative & absolute Scotoma.

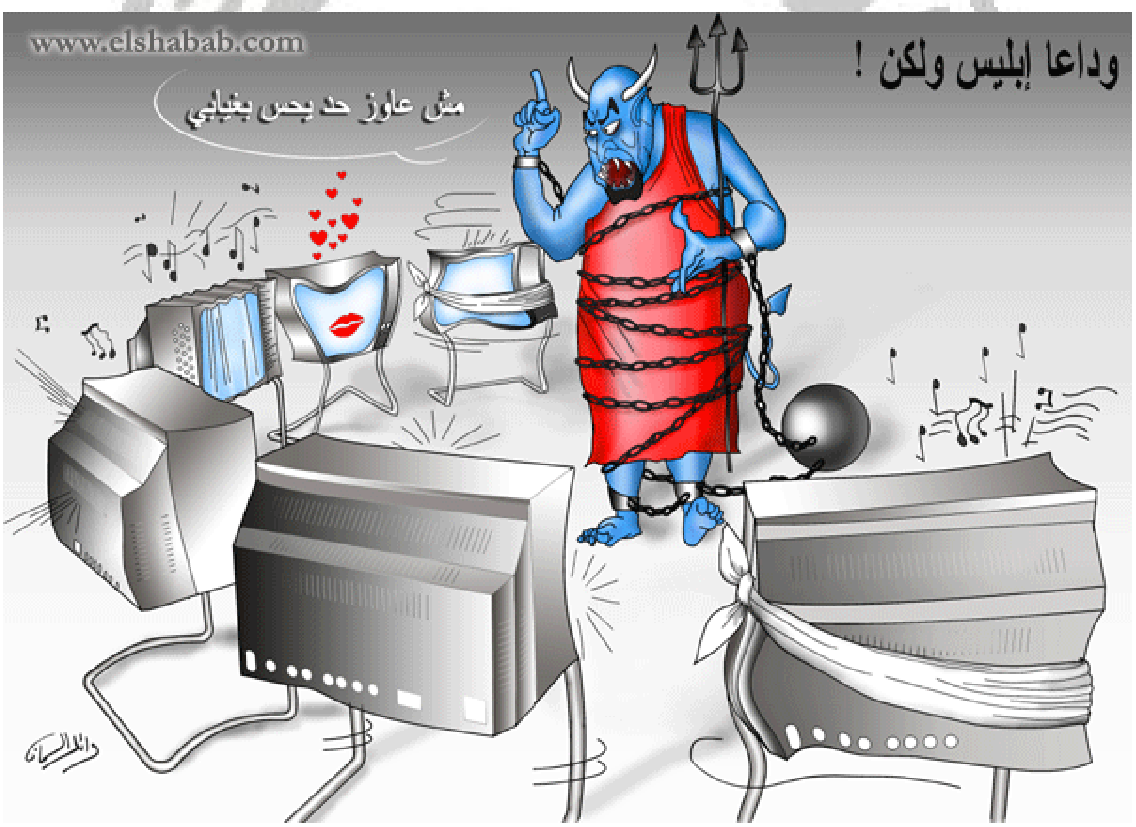
THE PUPIL

1-What are the causes of unilateral dilated pupil?
2-Explain the normal reaction of the pupil to light.
3-What are the anatomical bases of the different types of hemianopia.
4-Discuss the characters of the pupil in the following conditions:
- **Optic neuritis.**
- **Complete 3rd nerve palsy.**
- **Argyl Roberston pupil.**
- **Iritis.**

5-What are the anatomical & physiological characters of the normal pupil?
6-Discuss the importance of the size of the pupil.

VISUAL ACUITY

1-Write short notes on evaluation of visual acuity in infant and children.



Mnemonics

Mnemonic : something that is designed to assist the memory (often referring to a word or group of words that can be associated with the information being remembered

Associations of Vortex Keratopathy: ABCD
submitted by Philip Alexander (source of list: Kanski)

Arthritis (diclofenac)
Breast Cancer (Tamoxifen)
Cardiac (amiodarone)
Dementia / Depression (Chlorpromazine)
Enzyme deficiency (see F)
Fabry's Disease

Features of Keratoconus: CONES
Submitted by Jim McHugh (source of list: Kanski)

Central scarring & Fleischer ring
Oil drop reflex / **O**edema (hydrops)
Nerves prominent
Excessive bulging of lower lid on downgaze (Munson's sign)
Striae (Vogt's)

Systemic associations of keratoconus: ABCDEF
Submitted by Jim McHugh (source of list: Kanski)

Atopy
Bones (osteogenesis imperfecta)
Crouzon's syndrome
Down's syndrome
Ehler's Danlos syndrome
Fingers (Marfan's)

Stromal dystrophies: Marilyn Monroe Always Gets Her Man in LA City
submitted by Philip Alexander (source of mnemonic: www.mrcophth.com)

Macular dystrophy
Mucopolysaccharide
Alcian blue
Granular Dystrophy
Hyaline material
Masson's Trichrome
Lattice Dystrophy
Amyloid
Congo Red

Features of Post Enucleation Socket Syndrome (PESS)
Submitted by Philip Alexander (source of mnemonic: Cornelius Rene, Consultant Ophthalmologist)

Ptosis
Enophthalmos
Deep upper **S**ulcus
Slack lower lid

Secondary glaucoma: NIPPLES
Submitted by Jim McHugh (source of list: Kanski)

Neovascular
Iridoschisis
PXF
Pigmentary
Lens (phacolytic/phacomorphic)
Iridocorneal **E**ndothelial syndromes
Seclusio pupillae (in iritis)

+trauma (angle recession)

Iridocorneal Endothelial (ICE) Syndrome subtypes: ICE
Submitted by Philip Alexander
Source of mnemonic: American Academy Series (Pathology and Intraocular Tumours)

Iris Naevus
Chandler Syndrome
Essential Iris Atrophy

Causes of cataract: DAMAGED

Submitted by Jim McHugh (source of list: Kanski)

Diabetes
Atopy
Myopia / **M**yotonic dystrophy
Anterior uveitis (chronic)
Glaucomflecken
Electricity / radiation / trauma
Drugs / **D**ystrophies

Drugs causing cataract: ABCD
Submitted by Jim McHugh (source of list: Kanski)

Amiodarone
Busulphan
Chlorpromazine
Dexamethasone (po/g)

Causes of ectopia lentis: ECTOPIC M&M
Submitted by Jim McHugh (source of list: Kanski)

Eye degeneration (phthisis)
Choroidal tumours
Trauma
Overstretched zonules (buphthalmos / megalocornea)
AR with **P**upil ectopy
Isolated AR
Cystathione beta-synthase deficiency (homocystinuria)

Marfans
&
Weill-**M**archesani syndrome

Differential Diagnosis of Drusen: AGEING
submitted by Philip Alexander (source

Alports Syndrome
Glomerulonephritis
Exudate (Hard)
Inherited (Familial Dominant Drusen)
North Carolina Dystrophy
star**G**ardts and fundus flavimaculatus

Features of posterior scleritis: POST SCLER
Submitted by Jim McHugh (source of list: Kanski)

Proptosis
Ophthalmoplegia
Swelling of disc
Thickening of sclera (US/CT) & T sign (fluid in sub-Tenon's space)
Subretinal exudates
Choroidal fo**L**ds
Exudative RD
Ring choroidal detachment

There are many systemic conditions that have ocular manifestations. See also the Uveitis section.

Features of Weill-Marchesani syndrome: 6 S's
Submitted by Jim McHugh (source of list: Kanski)

Short
Stubby fingers
Stupid
Spherophakia
Subluxed lens
Shallow AC (?)

Systemic features of Marfan syndrome: MARFANS
Submitted by Jim McHugh (source: Kanski)

Mitral prolapse
Aortic dissection
Regurgitant aortic valve
Fingers long (arachnodactyly)
Arm span>height
Nasal voice (high arched palate)
Sternal excavation

Ocular features of Marfan's: CLUMPS
Submitted by Jim McHugh (source: Kanski)

Cupping (glaucoma)
Lattice
Upward lens subluxation
Myopia
Cornea Plana
Sclera blue

Things to remember about Lyme Disease: TICK'S CRAP

Submitted by Jim McHugh (source: Kanski)

Tick-borne
Iritis & intermediate uveitis
Conjunctivitis
Keratitis (subepithelial, punctate)
Swelling of disc & **S**tar at macula

Cardiac arrythmias (conduction defects)
Rash (erythema migrans)
Arthritis
Palsies

Suspicious Choroidal Naevi: To Find Small Ocular Melanoma
Submitted by Philip Alexander (source of mnemonic: Professor Carol Shields, EURetina 2006)

Thickness >2mm
Fluid (subretinal)
Symptoms
Orange pigment (lipofuscin)
Margin at optic disc

Classification of Retinoblastoma: ABCDE
Submitted by Philip Alexander (source of mnemonic: Professor Carol Shields, EURetina 2006)

Sm**A**ll (<3mm)
Bigger (>3mm, macular, subretinal fluid)
Contained Seeds
Diffuse seeds (>3mm)
Extensive (>50% globe, opaque media, NVI)

Systemic Features of Sarcoid: FILLED BAGEL
Submitted by Jim McHugh (source of list: Kanski)

Facial nerve palsy
Infiltrates of lung parenchyma,
Insufficiency of pituitary
Lymphadenopathy (esp lung hilae)
Liver & spleen enlargement
Elevated ACE & calcium
Dilated cardiomyopathy
Bone cysts
Arthralgia
Granulomata of skin
Erythema nodosum
Lupus pernio

Features of Behcet's Disease: ORAL UPSET
Submitted by Jim McHugh (source of list: Kanski)

Occlusive periphlebitis
Retinitis
Anterior uveitis
Leakage from retinal vessels
Ulceration (aphthous/genital)
Pustules after skin trauma (Pathergy test)
Scratching leaves lines (dermatographism)
Erythema nodosum
Thrombophlebitis

Clinical features of Reiter's: FUCKING
Submitted by Jim McHugh (source of list: Kanski)
Plantar **F**asciitis
Urethritis
Conjunctivitis
Keratoderma blenorrhagica
Inflamed joints
Nail dystrophy
Gum ulceration

Ophthalmic features of TB: BCG GP
Submitted by Jim McHugh (source of list: Kanski)

Busacca & Koeppe nodules on iris
Choroiditis
Granulomata in choroid
Granulomatous uveitis (with mutton fat KP's)
Periphlebitis

REFRACTIVE INDEX- 8304
1.38 - cornea
1.33 - aq humour
1.40 - lens
1.33 - vit humour

complicated cataract is RIGID
R- retinal detachment
I- inflammatry conditions like iridocyclitis, hypopyon, choroiditis, endophthalmitis
G- glaucoma {primary n secondary}
I- intraocular tumors
D- degenerative conditions {retnitis pigmentosa, retnal dystrophies}

surgeries: entropion
Quote:

> CICATRICIAL ENT: skin n muscle of beautiful jia khan
> 1- skin n muscle resection
> 2- skin, ms n tarsus resection
> 3- burrow's operation
> 4- jaesche arlt' operation
> 5- ketssey's operation

SENILE ENT: BeWiTched
Quote:

> 1- bick's procedure
> 2a- wheeler's operation
> 2b- weiss operation
> 3- tucking of inferior lid retactors

surgeries: ptosis
Quote:

> F L U F F Y
> F- fasanella servat operation
> L- levator resection {blaskovics n everbush's}
> F- frontalis sling operation

RETINITIS PIGMENTOSA
Quote:

> systemic ds ass vid retinitis pigmentosa are
> L U C H R
> L- laurence moon biedl synd
> U- usher's synd
> C- cockayne's synd
> H- hallgren's synd
> R- refsum's synd

some silly ones
Quote:

> IM INJECTION IS EAZY
> key word IM --> internal hordeolum is in meibomiam gland
> EaZy--> external hordeolum is in zeis gland

Quote:

> **PR IS DANGEROUS IN TB**
> key word
> PR--> PROTOANOPES cant see RED
> DG--> DEUTROANOPES cant see GREEN
> TB--> TRITOANOPES cant see BLUE

Quote:

> difference b/w glands of moll n zeis
> mohl means a don's girlfren{a hot gal} who evry1 looks at n then SWEATS
> so moll are sweat glands
> and zeis are sebaceous glands

Anopsia: quarantic anopsia: location of lesion

Upper: Top: Temporal lesions.
Lower: Pits: Parietal lesions.
Show Details / Rate It
---Sung Hoon Kim Wonkang Univ Medical school, South Korea

Cataracts: causes

ABCDE:
Aging
Bang: trauma, other injuries (eg infrared)
Congenital
Diabetes and other metabolic disturbances (eg steroids)
Eye diseases: glaucoma, uveitis
Show Details / Rate It
---Anthony Chan

Optic atrophy causes

ICING:
Ischaemia
Compressed nerve
Intracranial pressure [raised]
Neuritis history
Glaucoma
Show Details / Rate It
---Anonymous Contributor

Red eye causes

GO SUCK:
Glaucoma
Orbital disease
Scleritis
Uveitis
Conjunctivitis
Keratitis
Show Details / Rate It
---Anonymous Contributor

Dacryocystitis, dacryoadenitis: apparatus affected

Dacryocystitis, dacryadenitis:
· Cry, so affects lacrimal gland.
· Infection and inflammation, respectively.
Show Details / Rate It
---Anonymous Contributor

Cataracts: causes

CATARAct:
Congenital
Aging
Toxicity (steroids, etc)
Accidents
Radiation
Abnormal metabolism (diabetes mellitus, Wilson's)
Show Details / Rate It

Periorbital cellulitis: etiology

SIGHT:
Sinusitis
Insect Bite
Globular/ Glandular Spread
Heme Spread
Trauma

Diplopia (uniocular): causes

ABCD:
Astigmatism
Behavioral: psychogenic
Cataract
Dislocated lens
Show Details / Rate It
---Anthony Chan

Corneal stromal dystrophies

"Marilyn Monroe Gets High in LA":
Macular: Mucopolysaccharide
Granular: Hyaline
Lattice: Amyloid
Show Details / Rate It
---Elise R. Leonard, M.D.

Nasopharyngeal cancer: classic symptoms

NOSE:
Neck mass
Obstructed nasal passage
Serous otitis media externa
Epistaxis and discharge
Show Details / Rate It
---Robert O'Connor University College Dublin

Cataracts: differential

CATARAct:
Congenital
Aging
Toxicity (steroids, etc)
Accidents
Radiation
Abnormal metabolism (DM, Wilsons, etc)

If u have more mnemonics : share with us at

http://groups.yahoo.com/group/medshams/

1983

Answer all questions, no surgical details needed:
1-What do you understand by the term ciliary injection?
2-Discuss the signs and symptoms of diseases causing ciliary injection.
3-How would you investigate a patient suffering from watering of his eye (Lacrimation and epiphora)?
4-Comment on the following:

- **Papilloedema.**
- **Orbital cellulites.**

- **Ocular lime burn.**

5-Describe the clinical features and treatment of diabetic changes in:

- **The lens.**
- **The retina.**

6-Enumerate the various methods of examination of the field of vision and comment on their clinical application, what do you mean by the term positive, negative, relative, absolute Scotoma?

1984

Answer all questions, no surgical details needed

1-Draw a sagittal section of the upper lid; discuss the different sections of the upper lid.

2-How would you diagnose and treat a case of senile cataract?

3-A child 5-year-old presented with a red eye, Enumerate and differentiates the possible causes

4-Describe the possible mechanisms by which blunt trauma to the eye induce rise of the IOP.

5-Comment on:

- **Cover test.**
- **Asthenopia.**

1985

Answer all question, no surgical details needed

1-Discuss aetiology, clinical picture and management of corneal hypopyon ulcer.

2-Describe the aetiology, clinical picture of trachoma.

3-Give an account on:

- **Chalazion of the lid.**
- **Regular astigmatism.**

4-Describe the clinical course and management of retinoblastoma.

5-What is the management of 1ry acute congestive glaucoma?

1986

Answer all Question, no surgical details needed

1-Discuss the aetiology, clinical picture, and the possible complications of bacterial mucopurulent conjunctivitis.

2-Discuss the clinical picture and treatment of acute iritis.

3-What are the signs of surgical aphakia? Give an account on treatment.

4-Comment on the following:

- **Orbital cellulites.**
- **Regular astigmatism**

.

1986

Answer all Question, no surgical details needed
1-Describe the clinical complications of trachoma.
2-Discuss the importance of the size of the pupil.
3-What is meant by 2ry glaucoma, discuss its causes?
4-Comment on the following:

- **Presbyopia.**
- **Diabetic retinopathy.**



1987

Answer all question, no surgical details needed
1-Draw a diagrammatic sagittal section of the upper eyelid.
2-What are the causes and management of cicatricial entropion of upper lid?
3-Discuss aetiology, clinical picture and treatment of try hypopyon corneal ulcer.
4-Discuss clinical picture of the different stages of senile cataract; comment briefly on
its treatment.
5) Give a short account on:
*** Panophthalmitis.   * Papilloedema.**

1987

Answer all question, no surgical details needed
1-Describe the clinical picture of spring catarrh; Give an account on its treatment.
2-What are the anatomical and physiological characteristics of the normal pupil?
3-Explain how may iritis lead to 2ry glaucoma?
4-What are the commonest causes of bilateral gradual failure of vision in a healthy 60
years patient with emmetropic eyes, Comment on the treatment of one of them?
5-Give a short account on:

- **Causes of unilateral proptosis.**

- The clinical picture of diabetic retinopathy.

1988

Answer all question, no surgical details needed
1-Describe the various types of entropion and their management.
2-Describe the clinical stages of senile cataract.
3-How can affection of the lens cause 2ry glaucoma?
4-Give an account on the causes, signs, symptoms, complications and treatment of acute iridocyclitis.
5-Discuss the causes of Optic atrophy.
6-How can corneal affection causes defective vision.

1990

Answer all question, no surgical details needed
1-Enumerate the types of allergic conjunctivitis.
2-How you treat a case of infective conjunctivitis?
3-What are the common complications of infective conjunctivitis?
4-Enumerate the causes of ciliary injection.
5-What are the symptoms and signs of acute iritis?
6-What are the complications of acute iritis?
7-High myopic patient developed rapid drop of vision in one eye:

- **What are the possible causes of drop of vision in this patient?**
- **Enumerate the types of myopia.**
- **Describe the signs seen in the fundus of the other eye.**

8-Enumerate the complications that occur in the eyeball following trauma by a tennis ball.
9-What are the complications and treatment of traumatic hyphaemia?

1990

Answer all questions. No surgical details needed.
1-Discuss causes of ptosis, Mention its treatment.
2-Pannus:

- **Give the definition of corneal pannus.**
- **What are the different causes of pannus?**
- **Discuss the types and treatment of the commonest pannus in Egypt.**

3-Discuss causes of errors of refraction.
4-Give an account on treatment of the irregular astigmatism.
5-How you proceed to diagnose a case of open angle (chronic simple) glaucoma.
6-What are the factors that affect the prognosis of cases of simple glaucoma?



1991

Answer all question, no surgical details needed

1-Discuss entropion of the lower lid, Mention its clinical picture and management.

2-Discuss the corneal manifestations of trachoma,

3-How can the crystalline lens cause 2ry glaucoma?

4-Discuss the management of acute congestive glaucoma (closed angle glaucoma).

5-How would you manage a case of myopia, mention the complications of progressive myopia.

6-Discuss types of Optic atrophy.

7-Write short notes on:

- **Supp. Endophthalmitis.**
- **Management of lacrimal fistula.**
- **Effect of blunt trauma on the iris.**

1992

Answer all question, no surgical details needed

1-Discuss the clinical picture, complications and management of phylectenular keratoconjunctivitis.

2-Discuss the clinical picture and management of lamellar cataract.

3-Discuss the medical treatment of chronic simple glaucoma (POAG).

4-Write notes on:

- **Complications of acute anterior Uveitis.**
- **Causes and manifestations of chronic dacryocystitis.**

5-Write notes on:

*** CRVO. * Presbyopia.**



1993

Answer all question, no surgical details needed:
1-Discuss the complications of corneal ulcers.
2-What are different types of ectropion. Discuss the clinical picture.
3-Describe the clinical picture and treatment of spring catarrh.
4-Describe the clinical picture of acute dacryocystitis, Mention differential diagnosis.
5-Discuss the causes of watering of the eye in a newbom.
6-Write short notes on:
- **Stages of senile cataract.**
- **Evaluation of visual acuity in infants and children.**
- **Optic atrophy**

1994

Answer all question, no surgical details needed:
1-Draw a section in the lid to illustrate its anatomy.
2-Explain the different clinical types of ectropion of the lid. Mention management of each type.
3-Discuss the causes, clinical picture, and treatment of hypopyon ulcer of the cornea, what are its complications and their management?
4-What are the types of traumatic cataract? Explain the clinical picture.
5-Explain the different methods for the optical correction of aphakia.
6-Write notes on:

- **Papilloedema.**
- **Regular astigmatism.**
- **Congenital glaucoma.**

7-Describe the aetiology, clinical picture and differential diagnosis of Papilloedema.

1995

Answer all question, no surgical details needed:
1)Discuss the CL/P & differential diagnosis of trachomatous kerato-conjuctivitis.
2)Discuss the aetiology & CL/P of congenital cataract.
3)Discuss the management of unilateral total cataract.
4)What are the possible effects of a blunt trauma on the ant. Segment of the eye.
5)How would you treat chemical injuries to the eye.
6)Discuss the possible complications of progressive myopia.
7)Describe the aetiology,C/P,& differential diagnosis of Papilloedema



.

1996

Answer all question, no surgical details needed:
1)Describe the CL/P of the different types of entropion 7 their ttt.
2)Discuss the aetiology ,CL/P & complications of hypopyon corneal ulcer ,What is the management?
3)Discuss the management of :
*** Soft cataract. * Buphthalmos.**
4)Write notes on :
*** Presbyopia. * 2ry retinal detachment.**

خير النصح

خير النجوي ان يكون نجوي لا ان يكـــــون جـــــهارا
فلا تكن في نصحك مجرحـــا فالنصح يشفي لا يصنع جراحـــا

1997

Answer all question, no surgical details needed:
1) **Discuss symptoms,signs & ttt of an acute attack of closed angle glaucoma.**
2) **Discuss the aetiology & CL/P of the different types of congenital cataract.**
3) **Explain the possible retinal complications of DM outline ttt.**
4) **Write short notes on :**
5) **Dendritic corneal ulcer.**
6) **Keratoconus.**
7) **Complications of progressive myopia.**

1998

Answer all question, no surgical details needed:
1)Describe types & ttt of ectropion.
2)Discuss the CL/P & management of acute iridocyclitis.
3)Discuss types, aetiology,& CL/P of congenital cataract.
4)Write short notes on :
*** Buphthalmos.**
*** CRAO.**
*** Central maniferstions of trachoma**

:قالوا
اسكب كلمة طيبة على نار الغضب فتنطفئ.....فالجواب اللين يمحي الغضب



1999

All Questions will be answered,No Operative detalies is required:
1.Discuss Types,Clinical picture & management of congenital cataract.
2.Discuss eitiology ,clinical picture ,complication &managment. Acute ant. Uveitis.
3.Discuss types, causes,complication& management of corneal opacities.
4.write short notes:
I)infected chalazion
ii)central retinalartery occlusion
c)Latent squint

2000

All Questions will be answered,No Operative detalies is required
1.give the eitiology &management of mucoprulant conjuctivites
2.give the clinical picture of paralyitic squint
3.describe the field change in open angle glaucoma
4.what is the eitiology &clinical picture of denteric corneal ulcer
5.complication of progressive myopia
6.describe the eitiology & clinical picture& ttt of acute optic neuritis
7.clinical picture of senile cataract
8.complication of ant. Uveities
9.ttt of trichiasis
10.diagnosis of chronic dacryo-cystities



June 2001

1.what is lagophthalmos?give it's cause
2.what is etiology & cl.picture of veneral keratconjuctivites

3.give an account on cl. Picture of 1ry buphthalmos
4.give an account on cause of dry eye
5. discuss cause of ocular headache
6.discuss management of resistant corneal ulcer
7.discuss visual rehailitation after congential cataract surgery
8.what are astigmatism & discuss its type
9.what is the differential diagnosis of painful proptosis
10. discuss cl.picture of central retinal artery occlussion

JUNE 2002

1-discuss the clinical picture and management of cicatricial enteropion.
2-discuss etiology, and management of membranous conjunctivitis.
3-discuss the etiology,clinical picture and complication of corneal ulcer with hypopyon.
4-mention the management of acute iridocyclitis and its complications.
5-how would you proceed to diagnose the primary open angle glaucoma.
6-mention the clinical picture of paralytic squint.
7-diagnosis of intraocular foreign body.
8-etiology and management of anisometropia.
9-fundus picture of central retinal vein occlusion.
10-etiology and management of :
*congenital cataract.
*infected chalazion
*central retinal artery occlusion
*latent squint



September 2002

1-what are :
a-symptoms and signs of keratoconus
b-etiology and clinical picture of optic neuritis
2-discuss:

a-causes of complicated cataract.
b-clinical picture and management of rhegmatogenus retinal detachment.
3-give an account on:
a-complication of acute iridocyclitis
b-types,clinical picture and management of blepharitis
4-write short notes on:
a-blunt trauma of crystalline lens
b-clinical picture and etiology of 3rd nerve paralysis
5-discuss :
a-clinical picture,complication of retinitis pigmentosa
b-clinical picture of chronic dacryocystitis
6-mention:
a-clinical picture and management of spring catarrh
b-clinical stages of malignant intraocular tumors
7-write notes on:
a-clinical picture of primary buphthalmos.
b-clinical picture and management of presbyopia

June 2003

1-what arw the complication of ant. Uveitis (25 marks)
2-discuss clinical picture and management of herpetic keratitis.(25 m)
3-what are the causes and management of blepharitis.(25 m)
4-discuss the effect of blunt trauma on crystalline lens (25 m)
5- what are the causes of secondary glaucoma.(25 m)
6- give notes on: (15 m)
*** staphyloma**
***keratoconus**
***types of optic atrophy.**

September 2003

No surgical details are required
1. Discuss the c/p of Acute Anterior Uveitis
2. Mention complications of Degenerative Myopia
3. What is the c/p of Central Retinal Artery Occlusion?
4. Discuss the ttt of different types of Entropion.
5. Mention corneal manifestations of Trachoma
6. Discuss the stages of Senile Cataract
7. Discuss the visual field changes in Chronic Simple Glaucoma
8. Mention the clinical picture of Optic Neuritis
9. What are the causes of Unil. Proptosis
10.What are the causes of Concomitant Squin

May 2004

No surgical details are required (14 marks for each question)

1. **Discuss the management of Congenital Blepharoptosis.**
2. **What are the causes of Complicated Cataract?**
3. **Discuss the c/p and investigations of Retinoblastoma.**
4. **Discuss the pathology of bacterial Corneal Ulcer**
5. **What are the field changes in Primary Open Angle Glaucoma?**
6. **Mention the etiology and c/p of 3rd Nerve Palsy.**

7. Give an account of the Ocular complications of Trachoma.
8. Discuss the complications of Central Retinal Vein Occlusion
9. Describe the c/p and complications of Chronic Dacryocystitis.
10. Describe different ways of ttt of Myopia.

September 2004

Answer all questions, no surgical details needed:

1.Discuss management of cicatricial ectropion of the lower lid.
2.Discuss complications of anterior uveitis.
3.What is the management of congenital cataract?
4.Discuss the clinical picture of vernal keratoconjunctivitis (spring catarrh).
5.What is the management of concomitant squint?
6.Describe the clinical picture of diabetic retinopathy.
7.What are the clinical picture & investigations of keratoconus?
8.What are the causes of mydriasis?
9.Mention the treatment of hypermetropia (hyperopia).
10.What are the causes of 2ry glaucoma?

May 2005

All questions are to be answered:

1.Clinical picture of spring catarrh.
2.Causes of complicated cataract.
3.Causes of miosis.
4.Etiology & clinical picture of hypermetropia (hyperopia).
5.Etiology & clinical picture of central retinal artrey occlusion.
6.Clinical picture of paralytic squint.
7.Clinical picture & treatment of trichiasis (no surgical details).
8.Occular causes of headache.
9.Management of acute angle closure glaucoma.
10.Clinical picture & management of bacterial corneal ulcer.

September 2005

1.Give an account on lagophthalmos.
2.Clinical picture & diagnosis of dry eye.
3.Clinical picture & differential diagnosis of phlyectencular keratoconjunctivitis.
4.Discuss complications of anterior uveitis.
5.Management of acute angle closure glaucoma.
6.Clinical picture & investigation of retinitis pigmentosa.
7.Clincal picture & diagnosis of retinoblastoma.
8.Definition, compaints & treatment of anisometropia.
9.Diagnosis of latent squint.
10.Causes of true proptosis.

May 2006

1.Discuss causes, clinical picture & complications of lagophthalmos.

2.Discuss different presentations, differential diagnosis & treatment of corneal phlycten.
3.Write the clinical features & investigations of keratoconus.
4.Write the definition & types of staphyloma.
5.Discuss the complications of anterior uveitis.
6.Discuss the morphological types of congenital or developmental cataract.
7.Discuss the medical treatment of 1ry open angle glaucoma.
8.Discuss the clinical picture, diagnosis & complications of retinitis pigmentosa.
9.Discuss the aetiology of hypermetropia.
10.Discuss the clinical picture of paralytic squint.

September 2006

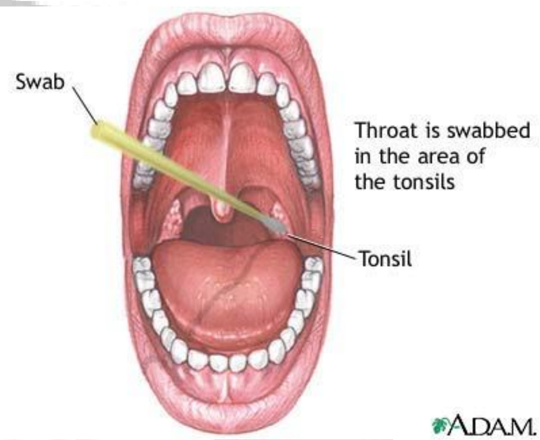
1.Discuss types, clinical picture & treatment of ectropion.
2.Discuss how to treat a case of epiphora.
3.Give an account on sympathetic ophthalmitis.
4.Discuss the differential diagnosis of acute congestive glaucoma.
5.Give an account on the complications of trachoma.
6.Give an account on the complications of high myopia.
7.Discuss the differential diagnosis of orbital cellulitis.
8.Discuss the complications of congenital cataract.
9.Discuss the clinical picture & treatment of dendritic ulcer.
10.Give an account on diagnosis of latent squint.

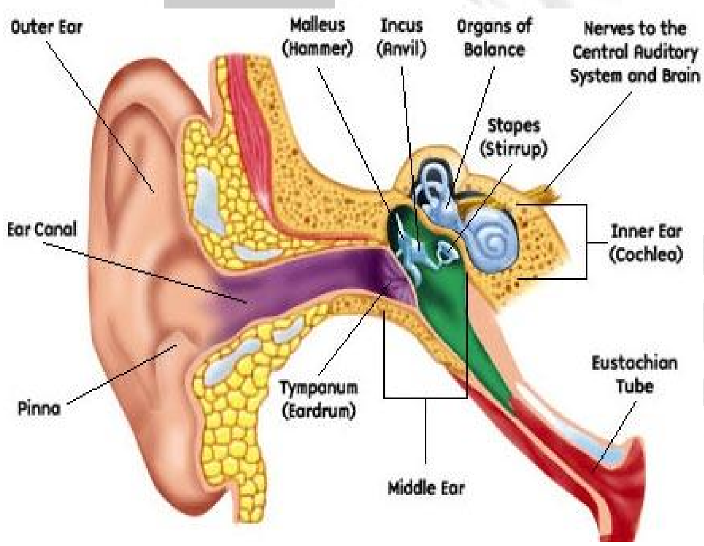
May 2007

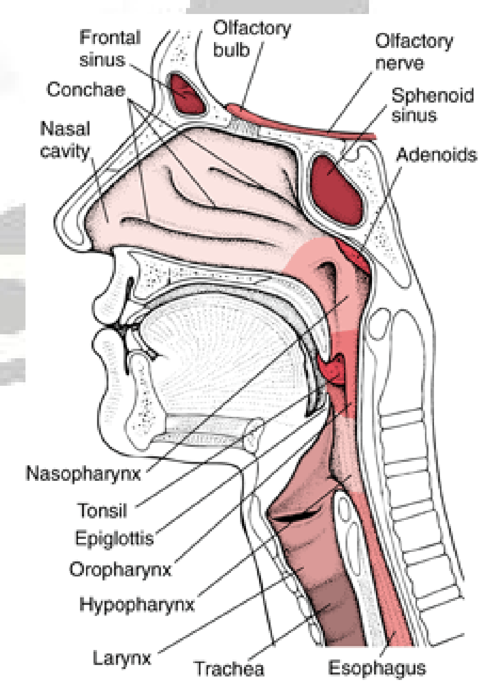
1-give an account on: complications of trachoma
2- give an account on: fungal keratitis
3- give an account on: clinical picture of 1ry open angle glaucoma
4- discuss management of acute iridocyclitis
5- discuss causes of miosis
6- discuss the morphological types of congenital or developmental cataract
7- give an account on:clinical picture of different types of optic atrophy
8- give an account on: definition and diagnosis of latent squint
9- discuss the clinical picture and complications of hypermetropia
10- discuss causes and different diagnosis of sub-conjunctival haemorrhage following trauma

ENT




Swab
Throat is swabbed in the area of the tonsils
Tonsil
A.D.A.M.


Outer Ear
Malleus (Hammer)
Incus (Anvil)
Organs of Balance
Nerves to the Central Auditory System and Brain
Stapes (Stirrup)
Ear Canal
Inner Ear (Cochlea)
Eustachian Tube
Pinna
Tympanum (Eardrum)
Middle Ear


Frontal sinus
Olfactory bulb
Olfactory nerve
Conchae
Sphenoid sinus
Nasal cavity
Adenoids
Nasopharynx
Tonsil
Epiglottis
Oropharynx
Hypopharynx
Larynx
Trachea
Esophagus

Curriculum for Undergraduate Students

ESOPHAGOLOGY

1. Anatomy of the Esophagus.
2. Diagnosis of the Esophagus Disorders.
3. Congenital Disorders of the Esophagus.
4. Trauma to the Esophagus.
5. Inflammation of the Esophagus.
6. Neuromuscular Disorders of the Esophagus
7. Neoplasms of the Esophagus.

PHARYNGOLOGY

1. Anatomy of the Pharynx.
2. Functions of the Pharynx.
3. Symptoms, Signs and Investigations of Pharyngeal Diseases.
4. Diseases of the Nasopharynx.
5. Diseases of the Oropharynx.
6. Diseases of the Hypopharynx.
7. Snoring & Sleep Apnea.

LARYNGOLOGY

1. Surgical Anatomy of the Larynx.
2. Functions of the Larynx.
3. Examination of the Larynx.
4. Congenital Diseases of the Larynx.
5. Laryngeal Trauma.
6. Inflammations of the Larynx..
7. Paralysis of the Vocal Folds.
8. Tumors of the Larynx.
9. Operative Laryngology.
10. Foreign Body Inhalation.
11. Phoniatrics.

RHINOLOGY

1. Anatomy of the Nose & Paranasal Sinuses.
2. Functions of the Nose & Paranasal Sinuses.
3. Diagnosis of Sinonasal Diseases.
4. Congenital Diseases of the Nose.
5. Traumatic Conditions of the Nose.
6. Diseases of the External Nose & Nasal Septum.
7. Epistaxis.
8. Allergic Rhinitis.
9. Vasomotor Rhinitis.
10. Nasal Polypi.
11. Inflammations of the Nasal Cavity.
12. Inflammations of the Paranasal Sinuses.
13. Cysts in Relation to the Nose & Sinuses.
14. Tumors of the Nose & Paranasal Sinuses.
15. Headache &Facial Pain.

OTOLOGY

1. Anatomy of the ear.
2. Physiology of Hearing and Equilibrium.
3. Symptoms of Diseases of the Ear & Facial Nerve.
4. Investigations of Diseases of the Ear & Audiology.
5. Diseases of the External Ear
6. Diseases of the Middle Ear.
7. Diseases of the Otic Capsule.
8. Diseases of the Inner Ear.
9. Disorders of the Vestibulocochlear Nerve.

EAR

1. Give an account on Tuning fork tests 75
2. Give an account: the causes & clinical picture of acute otitis media in infants 76
3. A 3 years old child complaining of RT mucopurulent otorrhea for the last 2 years. He suddenly became feverish & this was associated with diminution of the ear discharge. What is the diagnosis & differential diagnosis? 77
4. A middle-aged female was having dysphagia of 10 years duration, together with rehuritation of regurge free of acid. On examination her condition appeared relatively good. What is you diagnosis & differential diagnosis 78
5. A patient presented with ear ache, what are the sources of pain & how would reach the diagnosis 78
6. Discuss earache 80
   A male Pt 25 year has been complaining from a discharging RT ear for the last 7 years. The discharge was offensive & blood
7. stained. 5 weeks he started to complain from headache which gradually increased & was associated with vomiting. Now the pt is drowsy he is 37.50C & C.S.F. on examining the discharge was seen coming from a perforation in the attic.
   what is the most probable diag.?
   I) Explain why did you choose this particular diag.
   II) How would you proceed to confirm your diag.?
   III) Comment on ear condition 80
8. Give an account on symptoms & signs of acute mastoiditis 81,82
9. Give an account on manifestations of unresolved acute supportive O.M
10. Give an account etiology, symptoms, signs & ttt of acute supportive O.M. in a child 3 years old 82, 90
11. An adult Pt having a Rt mucopurulent ear discharge for more than 10 years, suddenly he became dizzy with sever vomiting sever it us & total deafness of the Rt ear. Few days later he started to feelsever headache & some stiffness of neck back muscles.
    COMMENT ON:
    I) Diagnosis of the original condition.
    II) What is the cause of sudden dizziness & hearing loss?
    III) What happened later on?
    IV) Management of the case 83
12. A 6 old child developed sever pain in both ears together with a rise to temp. 39^{o}C. following an attack of acute rhinitis. The child received medical ttt which lead to drop of temp & subsidence of pain; so the physician stopped the ttt. However, the mother noticed that her child did not respond except when she raised her voice for the last 2 weeks after they 1ry condition.
    COMMENT ON:
    I) Diagnosis of the 1ry condition.
    II) Causes of the residual trouble & the appearance of the T.M.
    III) How to avoid such trouble.
    IV) How would you treat the child now 84
13. Give an account on the symptoms, signs, investigations & ttt of case of chronic suppurative O.M.
14. How do you differentiate between upper & lower motor neuron facial n paralysis. Enumerate the causes of lower motor neuron 7th n paralysis & discuss the ttt of the commonest cause 87
15. A 3 years old child was presented to an E.N.T. specialist because of inability to close the RT eye & deviation of the angle of the mouth to the left side on crying of 2 days duration. His mother reported that he had severe pain in the Rt ear 5 days before which improved on antibiotic ttt.
    I. What is the possible diagnosis of this case? (Both original pathology & complications).

II. What are the possible ontological findings?

III. Discuss the management of this case 88

16. Give an account on ontogenetic meningitis89

17. A male pt 47-year-old presented to the etiologist because of pain in the Lt Ear of 2 days duration, pain was throbbing in character & increased in severity during mastication. The pt gave a history of 2 similar attacks in the last 6 months. On examination movements of the lt auricle were painful & a circumscribed reddish swelling was found arising from the outer portion of the posterior meatal wall. The retroauricular salcus tender swelling.

Tuning fork test revealed + ve Rinne's test on both sides & Weber's test was centralized.

I) Mention the moat likely diagnosis. Give reasons.

II) Mention one important D.D & state the differentiating points.

III) Mention 2 possible causes for the recurrence of these swellings.

IV) Outline the ttt of this pt 90

18. Discuss the causes, symptoms, signs & ttt acute O.M. in children 91

19. List 3 common causes of referred otalgia. Name the responsible nerve in each

20. A male Pt 25 years old asked medical advice because of intense earache together with discharge from the RT ear. The ear discharge was scanty foul smelling & of 5 years duration. Headache started 6 weeks ago, increased in the last 2, & became associated with vomiting, vertigo & blurring of vision. On examination, the pt was found not alert, having abnormal gait with tendency to fall to the Rt side. His temperature was 36^{0}C the pulse was 62/min. Examination of the ears revealed Rt attic perforation & tuning fork testing showed Rt C.H.L.

A) State the most probable diagnosis of the case. Give reason to substantiate your diagnosis.

B) List the investigations you order to prove your diagnosis. Comment on the possible findings.

C) Explain the cause of the following findings:

1.Vertigo. 2. Blurring of vision.

3.Vomiting. 4. Temp. 36^{0}C.

D) Describe the ttt of this pt.



The nose

1. Give an account on general causes of epistaxis 75, 76, 83

2. **Management of a case of epistaxis** 78, 80, 83, 84, 89, 93
3. **TTT of scleroma** 78
4. **Sequale of long standing nasal obstruction** 78
5. **A male pt. 49 years old complains of enlargement of the upper deep cervical L.N. on both sides of 6 month duration (but 1st on the Rt side then the Lt) the Pt gave the history of decrease of hearing in the left ear, nasal obstruction, recurrent epistaxis & nasal intonation.**
   I. **What is the most probable diagnosis?**
   II. **Why did you choose this particular diagnosis?**
   III. **How would you proceed to confirm your diagnosis?**
   IV. **Outline the management of the case** 81
6. **A 25 years old pt had been complaining of severe acute rhinitis on the 5th day he started to get severe headache mild fever & marked pain over forehead. The pt did not receive any ttt & on the 10th day he started to get repeated rigors & become severely ill. On examining the pt the following signs were detected:**
   - **A large furuncle was present in the RT Nasal vestibule.**
   - **Marked edema of both lids.**
   - **Chemosis of the conj.**
   - **Forward proptosis of the RT eye ball.**

   I) **What did the Pt developed on the 5th day & what other signs & symptoms do you expect at this stage.**
   II) **What sort of complications the pt developed on the 10th day & that other signs & symptoms do you expect at this stage?**
   III) **Explain how did this last complications occur (pathogenesis)** 82
7. **How would you treat a case of acute sinusitis?** 86
8. **A 5 years old boy was referred to an E.N.T. specialist bec of mouth breathing & impairment of hearing of 2 years duration. His mother reported that her child has almost constant mucoid nasal discharge sometimes changes to mucopurulent & he snores during sleep Examination of the ear shows both drums intact.**

I) **What is the most likely diag.?**
II) **Explain:**
   - **Hearing loss**
   - **Changing of the character of the nasal discharge.**

III) **Describe the other expected signs.**
IV) **What are the investigations you advise to confirm your diag.?**
V) **Discuss the ttt** 87

9. **Discuss the nasal polyp** 91
10. **Discuss the main lines of ttt for frontal sinusitis**

THE PHARYNX LARYNX & AIRWAY

1. **Give an account on laryngeal obstruction In young children** 75
2. **Give short account about causes & ttt of reactionary hg after tonsillectomy** 76
3. **How can you differentiate between dyspnea of laryngeal origin from other causes of dyspnea** 77
4. **40 years old pt male urgent tracheostomy to by pass. Later he becomes dyspnic again. What are the possible causes** 77
5. **Discuss causes, symptoms, signs & management of acute laryngeal obst in children (no operative details required)** 78
6. **Give a short note about:**
   i. **Complications of tracheostomy.**
   ii. **Quinsy** 80
7. **Give short notes about complications of acute tonsillitis** 81
8. **A 3 Years old male Pt was referred to a pediatrician bec of recurring attacks of cough together with expectoration & pyrexia improved on receiving ttt of 3 weeks duration. The previous attack prescribed by his family doctor but the symptoms recurred on cessation of ttt. In the last attack, the child did not**

show any improvement with the usual ttt. Clinical examination by the pedant, revealed a feverish 38 C & dyspnic child. Auscultation of the chest showed diminished air entry together with a localized wheeze on the lower lobe of the Rt lung.

I) What is the most probable underlying cause of the recurrent attacks of chest trouble?
II) What other symptoms & signs would you look for in this case?
III) Why in you opinion is the cause of lack of response of the last attack to ttt.
IV) What investigations would you order?
V) Comment on the probable findings.

9. Give an account on management of laryngitis in child 3 years old 82

10. A male Pt 23 year complained from pain in the throat of sudden onset together with difficulty in swallowing & high fever. 5 days later, dysphasia became very severe; the pain became localized to the Lt side of the throat & acquired a throbbing character. The pt had excessive salivation & Lt ear ache. On examination, the pt had marked difficulty to open his month & a tender swelling below the angle of the mandible could be felt.

I) What is the most probable diag.?
II) What are the other signs expected in this case.
III) Flow would you explaining the following findings:
   - The Lt Ear aches.
   - The difficulty in swallowing.
   - The tender swelling below the angle of the mandible.
IV) Mention one possible common complication.
V) Outline the ttt of the case 83/82

11. A year old Pt was referred to an E.N.T SPECIALIST because of cough, difficulty of respiration & temp of 39.5^0C of little hrs duration & medical ttt 6 hrs later the Dr decided an immediate tracheotomy. After the operation the child was relieved from dyspnea for 24 hrs when he became dyspnic again. The Dr. made minor procedure, which was necessary to relieve the child from the difficulty of breathing. Few days later, the tracheostomy tube was removed & the child was discharged from the hospital.

I. Why did the Dr. advise admission of the child to the hospital?
II. List the observations observed tracheotomy.
III. Why did the Dr. decided to do tracheotomy.
IV. Mention the causes of recurrence of dyspnea & how did the Dr. manage it.
V. What are the measures which can be done before removal of the tracheotomy tube 86

12. Signs & symptoms of laryngeal obst 83, 87, 91

13. A female Pt 40 year old began to experience difficulty in swallowing for the last 3 years. This difficulty was to all kinds of food & the condition showed variation in the degree of dysphagia & was associated with the sensation of the root of the neck. For the last 2 months, she started to develop rapidly progressive difficulty in swallowing even to fluids together with a change in her voice. Recently, she noticed a swelling on the RT side of the neck.

I) How would you examine this case to reach a diag.?
II) What are the possible clinical findings in this Pt.?
III) What investigation would you advise to confirm our diag.?
IV) What is the most likely diag of this Pt? 86

14. Discuss briefly causes of stridor of sudden onset in children. 88

15. A 5 years old child underwent adenotonsillectomy operation. On the discharge from the recovery room, the child was conscious; Bl.P. 110/80, Pulse 100/mm & the respiratory rate 16/mm. 4 hrs later, the nurse reported the resident that the Pulse became 140/mm, Bl.P 100/70 & the child vomited 50 ml blood.

- I) Name the complication, which occurred in this case. Mention the other symptoms & signs of such complication.
- II) What are the possible sites of this complication?
- III) How to guard against this complication.
- IV) Describe the symptoms.

16- Discuss the symptoms, signs & lit of vocal cord carcinoma 90

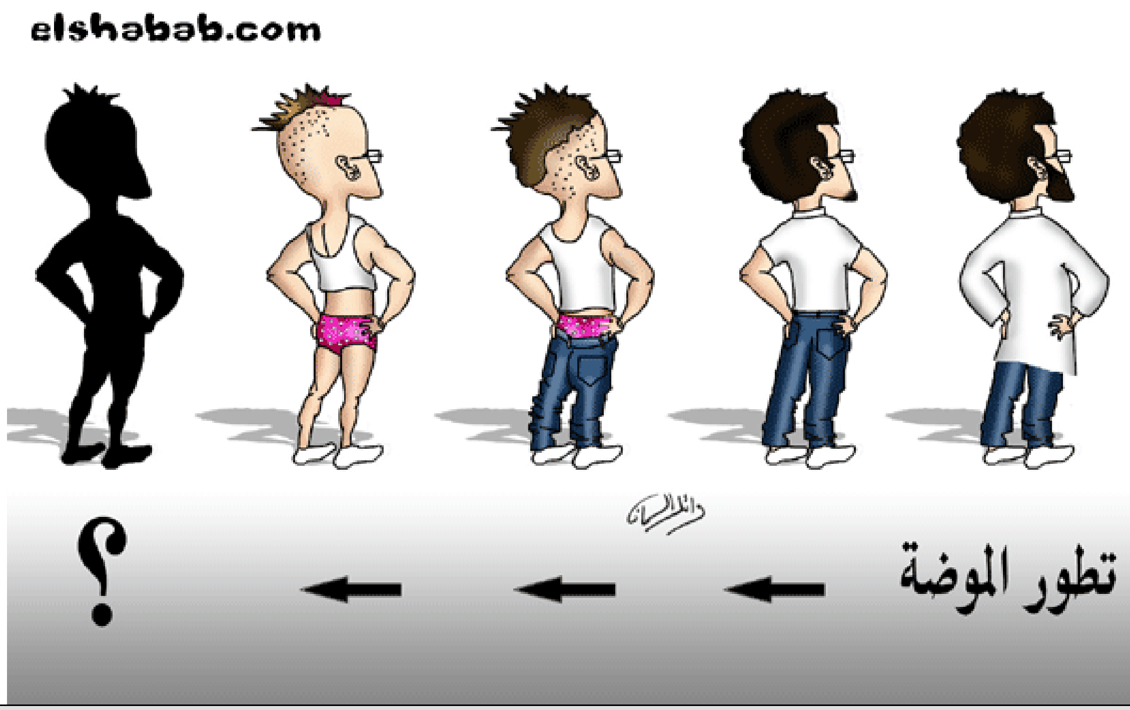
17- Define stridor, List the commonest 3 causes m young children & describe the management 91

18- Signs of acute laryngeal obst 92

19- Give short account on stridor in children 93

20- Ulceromembraneous inflammation of the fauces of young age comment on the diag., D.D. & ttt of the most serious of this inflammation 79

اتي الناس لي بطبيب الوري — و روحي تناجي طبيب السمـــــاء
طبيبان ذلك يعطي الدواء — و ذلك يجـــعل فيه الشفـــــاء



THE OESOPHAGEAL DISORDERS

1-
- I) What are the signs of esophageal disorders?
- II) Radiological findings in cases of: Cancer esophagus.
- III) Achalisia.
- IV) Benign stricture. 77

2- A middle aged female was having dysphagia of 10 years duration together with regurgitation of regurge free of acid. On examination, her condition appeared relatively good.
- I) What is your diagnosis & differential diagnosis?
- II) How to investigate & describe the radiological appearance? 78

3- Radiological pictures of the esophageal causes of dysphagia 78

4- Give an account of the symptoms, signs & differential diagnosis of achalasia of the esophagus 87

5- Define dysphagia. Discuss the investigations & possible findings of common causes of dysphagia of esophageal origin 88

6- Give short account on Achalasia of the cardia 93

E N T

N.B these questions are only for training. In the exam you may find Totally different questions

1)tympanoplasty is an operation aimed at: a)correction of hearing in porceptive deafness
b)eradication of infection & correction of hearing
c)drainage of mastoid abcess
d)correction of hearing in otosclerosis

2)surgical emphysema after trachestomy is corrected by:
a)taking more stitches of the wound
b)cold compresses
c)widening of the wound by removal of some stitches
d)antihistaminic intake

3)commonest cause of septal perforation is: a)trauma
b)syphilis
c)lupus
d)blood disease

4)stapedectomy is the operation of choice for:
a)otosclerosis
b)bell's palsy
c)meniere's disease
d)cholesteatoma

5)saddle nose may be due to the following except: a)overresection of septal cartilage
b)nasal trauma
c)septal abcess
d)rhinosceleroma

6)the best treatment of mild epistaxis from little s area is: a)anterior nasal pack
b)cautery of the bleeding point
c)posterior nasal pack
d)blood transfusion

7)referred otalgia may be due to the following except:
a)acute suppurative otitis media
b)quinsy
c)dental infection
d)maxillary sinusitis

8)a 3 years old boy complained of suuden acute respiratory distress, with spasmodic cough, cyanosis & acting accessory respiratory muscles is most probably due to : a)acute follicular tonsillitis
b)foreign body inhalation
c)adenoid hypertrophy
d)vocal cord nodule

9)proptosis may be due to the following except:
a)frontoethmoidecele
b)osteomata of the frontoethmoid
c)antrochoanal polyp
d)nasopharyngeal fibroma

10)the most serious complication after tonsillectomy:
a)respiratory obstruction
b)reactionary haemorrhage
c)incomplete removal
d)infection

11)otoscopic manifestation of chronic secretory otitis media may include the following except:
a)perforation at pars flaceida
b)transverse handle of malleous
c)absent cone of light

d)air bubbles behind the tympanic membrane

12)tonsillectomy is absolutely contraindicated in :
a)chronic tonsillitis
b)quinsy
c)haemophilia
d)below five years

13)a newly born infant with respiratory distress & different feeding is more likely to be due to:
a)laryngeal web at the anterior half of vocal cords
b)bilateral posterior choanal atresia
c)congenital subglottic stenosis
d)congenital meatal atresia

14)unilateral offensive blood tinged purulent rhinorrhea in a 3 years old is more likely due to: a)rhinosceleroma
b)lupus
c)foreign body
d)adenoid

15)the following are manifestations of meinere's disease except :
a)vertigo
b)posterior reservoir sign
c)sensory hearing loss
d)tinnitus

16)examination of the chest is more important in :
a)fixed right vocal cord
b)fixed left vocal cord
c)singer's nodules
d)laryngemalacia

17)manifestations of otogenic facial nerve paralysis may include the following except: a)deviation of the mouth to the same side of lesion
b)inability to show the teeth on whistle
c) inability to close the eye
d)inability to raise the eyebrow

18)conservative septoplasty is:
a)surgical correction of deviated septum above 17 years
b)surgical correction of deviated septum below 17 years
c) closed reduction of fractured septum by ash's forceps

19)a 20 years old man c/o fever & increasing sore throat with drippling of saliva &trismus for only 2 days on examination(the right tonsil pushed medially & forward) no response to antibiotics ..rapid relief can be obtained by : a)short course of radiotherapy
b)assurance & rest
c)antidephtheric serum
d)incision & drainage

20)the most common cause of conductive deafness is:
a)otosclerosis
b)secretory otitis media
c)congenital ossicular fixation
d)collection of wax

21)anosmia may be caused by :
a)peripheral neuritis
b)nasal obstruction
c)atrophic rhinitis
d)all of the above

22)posterior nasal pack may be used in :
a)nasopharyngeal carcinoma
b)epistaxis from little's area
c)CSF rhinorrhea
d)post_ adenoidectomy bleeding

23)ottitic barotraumas is charactarised by:
a)attic perforation
b)middle ear effusion
c)mucopurulant discharge
d)central drum perforation

24)otosclerosis mean :
a)congenital fixation of incus
b)fixation of stapes by fibrous tissue
c)ossicular disruption

d)none of the above

25)all of the followings are absoulute contraindications for tonsillectomy except: a)rheumatic fever
b)heamophilia
c)advanced renal disease

26)unilateral clear watery nasal discharge reducing fehling's solution is suggestive of: a)CSF rhinirrhea
b)allergic rhinitis
c)viral rhinitis
d)nasal dipheteria

27)the most common cause of oroantral fistula is: a)acute sinusitis
b)car accident
c)dental extraction of upper second premolar tooth
d)radical antrum operation

28)ear wash is indicated in the following conditions except:
a)wax
b)otomycosis
c)impacted F.B in the ear
d)caloric test

29)post-tonsillectomy otalgia is mediated through:
a)vagus nerve
b)glossolaryngeal nerve
c)trigeminal nerve
d)second & third cervical nerve

30)nasopharyngeal carcinoma is managed by:
a)surgical resection
b)surgical resection followed by radiotherapy
c)radiotherapy

31)trotter's triad include the followings except: a)otalgia
b)epistaxis
c)deafness
d)deviation of the septum

32)the medial wall of the middle ear shows all the following anatomical features except: a)eustichian tube orifice
b)horizontal part of facial nerve
c)promontory
d)oval & round windows

33)the most common cause for posterior septal perforation is: a)TB
b)syphilis
c)leprosy
d)scleroma

34)moure's sign is:
a)presence of laryngeal click
b)absence of laryngeal click
c)external neck swelling
d)internal pharyngeal swelling

35)sridor is characteristic feature of the following diseases except:
a)laryngeal dipheteria
b)angioneurtic edema
c)adenoid hypertrophy
d)bilateral abductor vocal cord paralysis

36)laryngeomalicia is a disease due to:
a)voice abuse
b)soft larynx
c)vocal cord nodule
d)acute laryngitis

37)achalasia of the cardia is charactarised by the followings except:
a)dysphagia is more marked for solids than fluids
b)dysphagia is more marked for fluid than solids
c)treated by cardiotomy
d)regurgition of undigested food

38)subglottic stenosis may be caused by all the followings except: a) laryngeoscleroma b) high trachestomy
c)post traumatic d)unilateral recurrent laryngeal N paralysis

39)quinsy is due to: a)blood disease
b)peritonsillar infection
c)pharyngoscleroma
d)retropharyngeal suupuration

40)retracted tympanic membrane is characterized by the following except: a)prominent lateral process of malleus
b)fragmentation of cone of light
c)hyper mobility of tympanic membrane
d)accentuation of malleolar folds

41)the following symptoms are true of primary atrophic rhinitis except:
a)bad odour felt by the patient
b) bad odour felt by others
c)epistaxis
d)sense of nasal obstruction

42)sever headache, vomiting, dysphagia ,&visual field defects in a patien with cholesteatoma indicate:
a)secretory otitis media
b)otogenic facial paralysis
c)distant metastasis
d)temporal lobe abcess

43)unilateral malignant tumor of the vocal cord with subglottis ectension & lymph node metastasis is best treated by: a)unilateral cordectomy
b)total laryngectomy with neck dissection
c)cheomotherapy
d)tracheostomy only

44)the commenst presentation of laryngeascleroma is: a)vocal cord paralysis
b)stridor & hoarsness
c)pain & night sweating
d)metastatic lymph node

45)the commenst nasal polyps are:
a)ethmoidal polyp
b)antrochoanal polyps
c)bleeding polyp
d)inverted papilloma

46)ludwig's angina is manifested by:
a)unilateral submandibular swellings
b)parotid abcess
c)parapharyngeal abcess
d)sublingual & submental cellulites

47)forign body nose in a child is better extracted:
a)under local anaethesia
b)under spinal anaethesia
c)without anaeathesia
d)under general anaethesia

48)the following are possible complications of ear wash except:
a)perforation of the tympanic membrane
b)paralysis of facial nerve
c)caloric reaction
d)syncope

49)suppurative labyrinthitis may complicate:

a)salicylate toxicity
b)streptomycin toxicity
c)cholesteatoma
d)otomycosis

50)the followings are common symptoms of nasopharyngeaol carcinoma except: a)nasal obstruction
b)cranial nerve paralysis
c)recurrent sever epistaxis
d)a mass in the neck

answers

1) b 2) c 3) a 4) a 5) d 6) b 7) a 8) b 9) c 10) a 11) a 12) c 13) b 14) c 15) b 16) b 17) a 18) b 19) d 20) d 21) c 22) d 23) b 24) b 25) a 26) a27) c28)c29) b30) c31) b32) a33)b34) b35) c 36) b37) a38) d39) b40) c41) a42) d43) b44) b45) a46) d47) d48) b49) c50) c

1-The following are anatomic structures of the auricle except :
a- Helix
b-Tragus
c-Concha
d-Antrum
(The antrum is the largest air cells of the mastoid bone)

2-The auriculo temporal nerve
a-supplies the skin of the upper 2/3 of the lateral surface of the auricle
b- is a branch of maxillary nerve
c- supplies the middle ear mucosa through the tympanic plexus
d- non of the above

-The auriculo-temporal nerve is a branch of mandibular division of the trigeminal nerve
- The middle ear mucosa is supplied by the tympanic branch of Glosspharyngeal nerve called Jacobson nerve

3-The lobule of the ear has its sensory innervation from:
a-great auricular nerve
b- auriculotemporal nerve
c-arnold branch of vagus
d- facial nerve

4-The tympanic membrane is divided into:
a- Two equal parts called pars tensa and pars flaccida
b- A major upper part called pars flaccida and a small lower part called pars tensa
c-A small upper part called pars flaccida and a major lower part called pars tensa
d- non of the above

5-The bulge seen on the medial wall of the middle ear is :
a- known as the promontory
b- formed by the bony semicirculr canal
c-is formed by the basal turn of the bony cochlea
d-all of the above
e- both 1 and 2
f- both 1 and 3

6-The Eustachian tube is opened by contraction of :
a- tensor tympani muscle
b-levator palati muscle
c-tensor palati muscle
d-Salpingopharyngeus muscle

7-The sensory end-organ of the semicircular canal is :
a- the organ of Corti
b- the macula
c- the crista
d- non of the above

-The organ of Corti is the sensory end organ of hearing in the cochlea
-The macula is the sensory end organ in the utricle and saccule
8-Auricular hematoma
a- may be complicated by otitis externa
b- cauli ear is one of its complications
c- evacuation of the extra-vasated blood is not essential
d- all of the above
-Auricular hematoma may be complicated by perichondritis and cauli ear
evacuation of the extra-vasated blood is essential to avoid complications

9-It is better to avoid ear wash for removal of :
a- wax
b- animate foreign body
c- impacted vegetable foreign body
d- non of the above
- Vegetable FB will swell if ear wash fails to get it out which will cause more impaction

10-It is better to avoid ear wash for removal of :
a- wax
b- animate foreign body
c-calculator battery
d- non of the above

-Don't wash if the FB is a calculator battery as this may lead to leak of acid and chemical burn of the skin

11-The causative organism in ear fruncle is :
a- proteus
b- Pseudomonas
c- staph. Aeureus
d- E coli

12-The causative organism in malignant otitis externa :
a- proteus
b-Pseudomonas
c-staph. Aeureus
d- morexella catarrhalis

13-Malignant otitis externa is :
a- a truly malignant disease eroding the external canal
b- is most commonly seen in elderly uncontrolled diabetics
c- staphylococcus aureus is the causative organism
d- non of the above

14-In the adult, the Eustachian tube is approximately the following lehgth :
a- 30 mm
b- 20 mm
c- 36 mm
d- 45 mm

15-In Gradenigo syndrome diplopia is due to inflammation of the following cranial nerve :
a- IV nerve
b- V nerve
c- III Nerve
d- VI nerve
-This syndrome is charecterized by:
1- otorrhoea
2-facial pain due to iritation of V cranial nerve
3-diplopia and squint due to iritation of VI cranial nerve in Dorello canal

16-Conductive deafness in longtudinal temporal bone fracture may be due to:
a- Rupture of the tympanic membrane
b- Ossicular disruption
c- Non of the above
d- Both 1 and 2

17-Longtudinal temporal bone fracture :
a- is less common than the transverse type
b- is usually associated with sensori-neural hearing loss
c- facial nerve paralysis is a common association with this type
d- non of the above

18-The following organisms are involved in acute otitis media except
a- streptococcus pneumonia
b-hemophilus influenza
c-Pseudomonas aeroginosa
d-morexella cararrhalis

19-All of the following are diagnostic of tympanic membrane retraction except
a- fore-shortened handle of malleus
b- prominent lateral process of malleus
c- Schwartz sign
d- distorted cone of light
-Schwartz sign is a flamingo red tinge of the tympanic membrane due to increased vascularity of the promontory and indicates active otosclerosis

20-Throbbing and severe earach is present in the following stage of acute otitis media :
a- stage of salpingitis
b- stage of catarrhal otitis media
c- stage of suppurative otitis media
d- stage of tympanic membrane perforation

21-The tympanic membrane perforation in acute otitis media is
a- central in the pars tensa
b- marginal in the pars tensa
c- small in the pars flaccida
d- non of the above

22-Type c tympanogram is consistent with :
a- secretory otitis media
b- otosclerosis
c- Eustachian tube dysfunction
d- otosclerosis
-In Type C there is Normal compliance but the peak of the tympanogram is at the negative side so it is consistent with ET dysfunction in which there is negative pressure in the middle ear

23-By central drum perforation we mean :
a- a perforation at the central part of the drum
b- a perforation in the pars tensa which is surrounded by a rim of tympanic membrane
c a perforation of the pars flaccida
d- a perforation in the pars tensa which is not surrounded by a rim of tympanic membrane

24-All of the following may be seen in the tubotympanic type of chronic suppurative otitis media except
a- mucopurulent otorrhoea
b- central tympanic membrane perforation
c- marginal tympanic membrane perforation
d- profuse otorrhoea

25-Cholesteatoma is characterized by
a- continuous mucopurulent ear discharge
b-A foul smelling ear discharge
c- A central tympanic membrane perforation
d- non of the above

26-A child with retraced drum and conductive deafness after inadequate treatment of acute suppurative otitis media is suffering from :
a-chronic tubotympanic otitis media
b-chronic atticoantral otitis media
c- otitis media with effusion
d- all of the above
e-non of the above

27-The commonest cause of conductive deafness in children is:
a- wax
b-secretory otitis media
c-otomycosis
d- otosclerosis

28-The commonest cause of conductive deafness in adults is:
a- wax
b-secretory otitis media
c-otomycosis
d- otosclerosis

29-In a patient suffering from purulent otorrhoea and attic perforation :
a- treatment is essentially surgical
b- medical treatment and follow up is sufficient
c- myringoplasty is the only needed treatment
d- non of the above
-The presence of foul odour otorrhoea and attic perforation is diagnostic of cholesteatoma. Treatment of this case is essentially surgical by mastoidectomy operation (radical or modified radical)

30-In a 45 years old female patient presenting with pulsating tinnitus and red mass behind the drum, all of the following are true except :
a- glomus tumour is a possible diagnosis
b-more assessment is needed by CT scan or MRI
c- MRI angiography confirm the diagnosis
d-biopsy is essential to verify the pathological nature
-Biopsy is contraindicated as it will lead to profuse bleeding

31-Bezold abscess is a collection of pus :
a- above and in front of the auricle
b-behind the auricle
c-in the upper part of the neck deep to the sternomastoid

d- in the peritonsillar space

32-During ear examination the reservoir sign is diagnostic of:
a- acute otitis media
b- mastoiditis
c- petrositis
d- cholesteatoma

33-An early and diagnostic sign of mastoiditis is :
a- reservoir sign
b-sagging of the posterosuperior part of the bony canal
c-perforated tympanic membrane
d- postauricular mastoid abscess
-Sagging means bulging downwards of the posterosuperior part of the bony external canal and is due to periostitis of the bone overlying the mastoid antrum. It is an early and diagnostic sign of mastoiditis

34-Vertigo and nystagmus induced by pressure on the tragus is diagnostic of :
a- serous labyrinthitis
b- circumscribed per- labyrintserous
c suppurative labyrinthitishitis
d all of the above

35-In a case of cholesteatoma, sever spontaneous vertigo with Nausea and vomiting is suspicious of
a- circumscribed peri-labyrinthitis
b- diffuse serous labyrinthitis
c- extradural abscess
d- petrositis

36-In a patient having acute suppurative otitis media with bulging drum, myringotomy is benificial to
a-drain the middle ear
b- avoid rupture of the tympanic membrane
c-avoid complications
d-all of the above

37-The most common complication of myringotomy operation is
a- injury of facial nerve
b-dislocation of the incus
c-injury of the jagular bulb
d- residual perforation

38-In myringotomy operation the posterosuperior quadrant of the tympanic membrane must be avoided :
a- to avoid injury of dehiscent jagular bulb
b- to avoid injury of the ossicles
c- non of the above
d- both 1 & 2

39-The combination of unilateral otorrhoea, severe facial pain and diplopia is known as :
a- Piere Robin syndrome
b- Gradenigo's syndrome
c- Kartagner syndrome
d- Ramsay Hunt sundrome

40-A child with an attic drum perforation who developed nausea, projrctile vomiting and fever of 40 degree is suspicious to have got :
a- otogenic meningitis
b- otogenic labyrinthitis
c- petrositis
d- mastoiditis

41-The first line of treatment in a child who develops lower motor neurone facial paralysis after acute otitis media is :
a- antibiotics and corticosteroids
b- decompression of facial nerve
c- exploration of facial nerve
d- myringotomy

42-Intermittent fever with rigors and headach in a patient with cholesteatma may be due to :
a-otogenic meningitis
b-otogenic brain abscess
c- lateral sinus thrombophlebitis
d-extradural abscess

43-A positive Kernig sign means
a-reflex flexion of the hips and knees when the neck is flexed

b- inability to extend the knee completely when the hip is flexed on the abdomen
c- inability to do rapid ulternating movement
d- non of the above

44-A positive Brudzniski sign means
a-reflex flexion of the hips and knees when the neck is flexed
b- inability to extend the knee completely when the hip is flexed on the abdomen
c- inability to do rapid ulternating movement
d- non of the above

45-A persistent profuse ear discharge after acute otitis media is
a- cholesteatoma
b- secretory otitis media
c-mastoiditis
d- diffuse otitis externa
-in mastoiditis there is profuse mucopurulent or purulent otorrhoea which recurs rapidly after remova (a diagnostic sign called reservoir sign)

46-In otitic barotrauma, the following statements are correct except:
a-occurs during airplane ascent
b- occurs during airplane rapid descent
c- can cause rupture of the tympanic membrane
d- occurs during diving

47-The commonest cause of vertigo is
a- meniere's disease
b-labyrinthitis
c-benign paroxysmal positional vertigo
d-ototoxicity

48-Most cases of extradural abscess of the temporal lobe
a- are asymptomatic and discovered accidentally during mastoidectomy
b- present with persistent ipsilateral temporal headach
c- present with vertigo
d- present with pulsating discharge,hearing loss and tinnitus

49-The type of hearing loss in otosclerosis may be
a- conductive
b- sensorineural
c-mixed
d-all of the above

-In stapedial otosclerosis hearing loss is conductive
-In cochlear type the hearing loss is sensorineural
-In combined otosclerosis the hearing loss is mixed

50-The commonest cause of bilateral sensorineural hearing loss in elderly individuals is
a- cochlear otosclerosis
b- presbyacusis
c- diabetes milltus
d- ototoxicity

51-A 30 years old patient with recurrent attacks of vertigo, hearing loss and tinnitus associated with nausea and vomiting has
a- benign paroxysmal positional vertigo
b-vestibular neuronitis
c-Meniere's disease
d-acoustic neuroma]

explanation
1- In benign paroxysmal positional vertigo there is recurrent attacks of vertigo for seconds which occurs when the patient assumes certain head position
2- in vestibular neuronitis there is sudden severe vertigo for dayes but bo hearing loss
3- in Meniere's disease recurrent attacks of vertigo, hearing loss and tinnitus associated with nausea and vomiting

52-Before tympanoplasty in a 30 years old patient, the following is required
a- audiogram
b- ensure dry perforation
c-treatment of any underlying nasal or paranasal sinus infection
d-all of the above
e- non of the above

53-The XI, X and XI cranial nerves may be involved in all of the following except
a-acoustic neuroma
b-transverse temporal bone fracture
c-malignant otitis externa
d- squamous cell carcinoma of the middle ear
-in transverse temporal bone fracture the involved nerves are VII & VIII

54-In lower motor neurone facial paralysis with intact taste sensation at the anterior 2/3 of the tongue, the level of the lesion is :
a- in the internal auditory canal
b-in the horizontal tympanic part
c- in the vertical part above the stapes
d- in the stylomastoid foramen

55-Failure to close the eye voluntarily is a symptom of
a- paralysis of the trigeminal nerve
b- upper motor neurone facial paralysis
c- lower motor neurone facial paralysis
d- non of the above

56-Uncontrolled diabetes in elderly patient may predispose to
a- cholesteatoma
b- malignant otitis externa
c- presbyacusis
d- vestibular neuronitis

57-A large near total perforation following acute necrotizing otitis media must be followed up for fear of
a- recurrent middle ear infection
b- secondary acquired cholesteatoma
c-retraction pocket
d-tympanosclerosis

58-By modified radical mastoidectomy we mean
a- removal of mastoid air cells and all middle ear contents
c- removal of diseased mastoid air cells
c- removal of mastoid air cells and all middle ear contents with preservation of healthy remnants of tympanic membrane and ossicles
d- non of the above

59-By radical mastoidectomy operation we mean
a- removal of mastoid air cells and all middle ear contents except stapes
b- removal of diseased mastoid air cells
c- removal of mastoid air cells and all middle ear contents with preservation of healthy remnants of tympanic membrane and ossicles
d- non of the above

60-Extensive cholesteatoma is best treated by
a- cortical mastoidectomy
b- radical mastoidectomy
c- modified reducal mastoidectomy
d- myringotomy wiyh insertion of T tube

61-Which of the following statements is false concerning Cochlear implant
a-postlingually deaf get far better benefit than prelingually deaf
b-it is indicated in total sensory hearing loss
c-the auditory nerve should be intact
d- After the operation speech discrimination is good and lip reading is not needed

62-Which of the following statements is wrong concerning myringotomy Operation :
a- it is indicated in acute suppurative otitis media with bulging drum

b- it is indicated in secretory otitis media after failure of medical Treatment
c- it is better done in the postero superior quadrant of the tympanic membrane
d-residual perforation of the tympanic membrane is one of its complications

63-Etiology for pulsatile tinnitus includes the followings except:
a) Arteriovenous malformation of neck.
b) Otosclerosis.
c) Glomus jugulare tumors.
d) Hyperthyroidism.
e) Atherosclerosis.

64-Which of the following drugs are known to cause tinnitus?
a-Salicylates.
b-Loop Diuretics.
c-Aminoglycosides.
d-NSAID.
e-All of the above

65-Which of the following is associated with objective tinnitus
a-Menière's disease.
b-Ear wax impaction.
c-Acoustic neuroma.
d-Palatal myoclonus.
e-Middle ear effusion

66-The following have an ototoxic effect except
a- gentamycin
b- frusemide
c- streptomycin
d- amoxicilline
e- quinine

100 CASES IN EAR, NOSE & THROAT
by
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Case 1: A 10 year old child was having a right mucopurulent otorhea for the last 4 years. A week ago he became dizzy with a whirling sensation, nausea, vomiting and nystagmus to the opposite side; his deafness became complete and his temperature was normal. Three days later he became feverish, irritable and continuously crying apparently from severe headache. Also he had some neck retraction. The child was not managed properly and died by the end of the week.

CASE 1	
Diagnosis & reasons	Right chronic suppurative otitis media (mucopurulent otorhea of 4 years duration) complicated by suppurative labyrinthitis (dizziness, nausea and vomiting with nystagmus to the opposite side and complete loss of hearing) and then complicated by meningitis (fever, severe headache and neck retraction).
Explain the following manifestations	Whirling sensation: vertigo due to inner ear inflammation Nystagmus to the opposite side: suppurative labyrinthitis leading to fast phase of eye movement to the opposite ear and slow phase to the diseased ear nystagmus direction is called according to the fast phase. In serous labyrinthitis with no inner ear cell destruction the direction of nystagmus is toward the diseased ear.

	Severe headache: increased intracranial pressure due to meningitis Neck retraction: due to meningeal inflammation
Further examination &/or investigations	• Otologic examination possible finding of a marginal perforation of atticoantral CSOM (cholesteatoma) • Audiogram to reveal SNHL in the affected ear • Kernig's and Brudzinski's signs • Fundus examination to show papilledema • Lumbar puncture: turbid high pressure CSF with pus rich in proteins • Complete blood picture
Treatment	Antibiotics that cross the blood brain barrier Analgesics Repeated lumbar puncture to drain infected CSF and to relieve symptoms and to inject antibiotics Treaetment of the underlying otitis media appropriately according to its type

Case 2: A 50 year old male patient complained of right earache of 2 days duration. The pain was especially severe on chewing food and during speech. There was also marked edema of the right side of the face. On examination, pressure on the tragus was painful; and there was a small red swelling arising from the anterior external auditory meatal wall. Rinne test was positive in the right ear. The patient gave a history of 2 previous similar attacks in the same ear during the last six months but less severe.

CASE 2	
Diagnosis & reasons	Recurrent furunculosis of the right external auditory canal (pain in the ear with movements of the temporomandibular joint or pressure on the tragus, edema of the face and a small red swelling in the anterior wall of the external auditory canal)
Explain the following manifestations	Severe pain on chewing food: movements of the temporomandibular joint lead to movements of the cartilaginous external auditory canal that is lined by skin containing hair follicles from which the furuncle arises. Edema of the right side of the face: extension of the inflammatory edema to the face in severe cases Rinne positive: means normal hearing and NO conductive hearing loss because when air conduction is better than bone conduction it is called Rinne positive Previous similar attacks: recurrence the most probable cause is Diabetes mellitus
Further examination &/or investigations	• Otoscopic examination of the tympanic membrane if possible • Blood glucose analysis to discover diabetes
Treatment	Antibiotics Analgesics Never incise or excise for fear of perichondritis Local antibiotic or glycerine icthyol ointment Proper control of diabetes if discovered

Case 3: A 10 year old child complained of a right mucopurulent otorhea for the last 2 years. He suddenly became feverish and this was associated with diminution of the ear discharge. There was also tenderness on pressure behind the auricle. The retroauricular sulcus was preserved. There was no retroauricular fluctuation.

CASE 3	
Diagnosis & reasons	**Right chronic suppurative otitis media (mucopurulent discharge of 2 years duration) complicated by mastoiditis (fever with decreased ear discharge, tenderness behind the auricle with preservation of retroauricular sulcus; it is not an abscess because there is no retroauricular fluctuation).**
Explain the following manifestations	**Diminution of ear discharge: reservoir sign dischrge decreases but is still there and whenever discharge decreases fever and other constitutional symptoms increase in intensity** **Tenderness behind the auricle: due to inflammation of the bone of the mastoid process and its overlying periosteum** **Retroauricular sulcus preserve: as the inflammatory process is subperioteal** **No retroauricular fluctuation: it is mastoiditis and so is not a mastoid abscess yet**
Further examination &/or investigations	• **Otoscopic examination of the ear possible finding of a cholesteatoma** • **Look for the rest of the manifestations of mastoiditis as sagging of the posterosuperior wall of the bony external auditory canal** • **CT scan of the ear to show opacity in the mastoid bone** • **Complete blood picture**
Treatment	**Medical treatment in the form of antibiotics and** **Drainage of the ear through myringotomy and** **Mastoidectomy is essential to remove all disease from the ear**

Case 4: A 9 year old child has been complaining of right continuous offensive ear discharge for the last 3 years. A month ago he began to suffer from headache, fever and some vomiting for which he received symptomatic treatment. The patient's condition was stable for a while, then after 2 weeks he started to suffer from severe headache and drowsiness. The patient also noticed difficulty going up and down the stairs. A week later, he developed weakness in the left arm and left leg, and became markedly drowsy. He became comatose the next day.

CASE 4	
Diagnosis & reasons	**Right atticoantral (cholesteatoma) chronic suppurative otitis media (continuous offensive ear discharge for 3 years) complicated by right temporal lobe abscess (manifestations of increased intracranial tension with weakness in the opposite side of the body on the left arm and leg)**
Explain the following manifestations	**Initial headache fever and vomiting: indicates the initial stage of a brain abscess formation in the stage of encephalitis** **Stable condition of 2 weeks: latent phase of brain abscess with decreased symptoms** **Severe headache and vomiting after 2 weeks: manifestations of a formed brain abscess leading to increased intracranial tension** **Difficulty going up and down the stairs: due to hemipareisis (weakness) in the opposite left leg to the diseased ear**

	Comatose: final stage of brain abscess
Further examination &/or investigations	• **Otoscopic examination of the ear** • **CT scan with contrast to locate the brain abscess** • **Complete blood picture to show leucocytosis very good to know prognosis with treatment** • **Fundus examination to show papilledema**
Treatment	**Antibiotics that cross the blood brain barrier** **Drainage or excision of the brain abscess neurosurgically** **Tympanomastoidectomy to remove the cholesteatoma from the ear** **Avoid lumbar puncture as it might lead to conization of the brainstem and death**

Case 5: A 6 year old child developed severe pain in both ears together with a rise of temperature (39 C) following an attack of common cold. The child received medical treatment that lead to drop of his temperature and subsidence of pain; so the physician stopped the treatment. However, the mother noticed that her child did not respond to her except when she raised her voice. This decreased response remained as such for the last 2 weeks after the occurrence of the primary condition.

CASE 5	
Diagnosis & reasons	**Common cold leading to bilateral acute suppurative otitis media (fever and earache) complicated by nonresolved acute otitis media or otitis media with effusion (only symptom is a hearing loss)**
Explain the following manifestations	**Ear condition following common cold: due to extension of infection along eustachian tube** **Decreased response to sound: fluid due to non resolved acute otitis media behind the drum leads to decreased vibration of the tympanic membrane**
Further examination &/or investigations	• **Otoscopic examination will reveal in the primary condition a congested maybe bulging tympanic membrane and in the secondary condition a retracted drum showing afluid level with loss of lustre** • **Audiogram will show an air bone gap indicating a conductive hearing loss** • **Tympanogram will show either a type C (negative peak) or a type B (flat) curves** • **X-ray of the nasopharynx might reveal an underlying adenoid enlargement specially if the condition is recurrent**
Treatment	**Continue antibiotic treatment until hearing returns to normal** **May combine treatment with antihistamines, corticosteroids and mucolytics** **Insertion of ventillation tubes (grommet) in the drum if condition persistent or recurrent** **Usage of tubes relies on tympanometry findings if the curve is type B flat curve** **Adenoidectomy is required if there is an enlarged adenoid obstructing the eustachian tube**

Case 6: A 3 year old boy presented to the ENT specialist because of an inability to close the right eye and deviation of the angle of the mouth to the left side upon

crying of 2 days duration. His mother reported that he had severe pain in the right ear 5 days prior to his present condition. She also added that his earache improved on antibiotic therapy.

CASE 6	
Diagnosis & reasons	**Right acute suppurative otitis media (earache that improved with antibiotics of 2 days duration) complicated by right lower motor neuron facial paralysis (inability to close the right eye and deviation of the angle of the mouth to the left side)**
Explain the following manifestations	**Inability to close the right eye: paralysis of the orbicularis occuli muscle supplied by the facial** **Deviation of the angle of the mouth to the left: muscles of the orbicularis oris of the left non paralysed side pull the mouth to the left side** **Onset of paralysis 5 days only after the original condition: due to pressure of the inflammatory exudate in the middle ear on a dehiscent (exposed) facial nerve**
Further examination &/or investigations	• **Otoscopic examination may show a congested bulging tympanic membrane** • **Examination of the rest of the facial nerve to diagnose the proper level of paralysis** • **Electroneuronography of the facial nerve to estimate the degree of damage** • **Audiogram and tympanogram**
Treatment	**Urgent myringotomy to drain the middle ear and allow for facial nerve recovery** **Antibiotics for acute suppurative otitis media preferabley according to culture and antibiotic sensitivity** **Care of the eye during period of paralysis by eye drops, ointment and covering of the eye**

Case 7: A 30 year old female complained of bilateral hearing loss more on the right side following the delivery of her first child; hearing loss was marked in quiet places but hearing improved in a noisy environment. Both tympanic membranes showed a normal appearance. Rinne tuning fork test was negative.

CASE 7	
Diagnosis & reasons	**Bilateral otosclerosis (hearing loss related to pregnancy, more marked in quiet environment, normal tympanic membranes, Rinne tunning fork test negative that is bone conduction better than air conduction indicating conductive hearing loss)**
Explain the following manifestations	**Hearing loss marked in quiet places: patient has conductive hearing loss in noisy environment the speaker usually raises his voice and so patient hears better (paracusis Wilsii)** **Normal appearance of both tympanic membranes: this is the common finding in rare cases a reddish tympanic memebrane may be present called Schwartze's sign (flamingo red appearance)** **Rinne tunning fork test negative: that is bone conduction better than air conduction indicating conductive hearing loss**
Further examination &/or investigations	• **Other symptoms (tinnitus, sensorineural hearing loss, vertigo)** • **Audiogram shows either air bone gap indicating conductive hearing loss or low bone curve indicating**

	sensorineural hearing loss or both indicating mixed hearing loss • Tympanogram usually shows type As with stunted type curve • CT scan may show decreased density of the bone around the inner ear (otospongiotic focus) indicating activity of the disease
Treatment	**Stapedectomy (the best) if hearing loss is conductive or mixed** **Hearing aid if patient refuses surgery or has pure sensorineural hearing loss** **Medical treatment to stop progression of the disease (fluoride therapy) if disease is extensive** **Avoid contraceptive pills and preganacy in order to limit the disease**

Case 8: After a car accident a young male complained of inability to close the right eye and deviation of the angle of the mouth to the left side together with dribbling of saliva from the right angle of the mouth. There was also a right hearing loss and a blood clot was found in the right external auditory canal. 3 days later a clear fluid appeared in the right ear that increased in amount on straining. A day later the patient was drowsy and developed fever and neck stiffness.

CASE 8	
Diagnosis & reasons	**Longitudinal fracture of the right temporal bone (accident, blood in external auditory canal and hearing loss) complicated by right lower motor neuron facial paralysis (inability to close the right eye and deviation of the angle of the mouth to the left side) and complicated by CSF otorhea (clear fluid in the right external auditory canal that increased with straining) and later complicated by meningitis (drowzy, fever and neck stiffness)**
Explain the following manifestations	**Dribbling of saliva from angle of mouth: due to facial nerve paralysis leading to inability to coapte the lips so angle of mouth is open and droops downwards with escape of saliva outwards** **Hearing loss: most probably due to longitudinal fracture causing tympanic membrane perforation and auditory ossicular disrruption leading to conductive hearing loss also the blood clot may cause obstruction of the external auditory canal leading to conductive hearing loss** **Clear fluid increases with straining: CSF otorhea as CSF pressure increases with straining causing increase in the otorhea** **Neck stiffness: due to meningeal irritation and inflammation**
Further examination &/or investigations	• **CT scan to diagnose the fracture and study its extent** • **Topognostic testa for the facial nerve as (Shirmer's, stapedius reflex,….) to know the level of paralysis** • **Electroneuronography: to study the electrophysiologic status of the facial nerve** • **Audiogram: to know the type of hearing loss** • **Examination of fluid dripping from the ear** • **Lumbar puncture: increased pressure of turbid pus containing CSF**
Treatment	**Treatment of meningitis: antibiotics, lower CSF pressure by**

	repeated lumbar puncture, diuretics and mannitol 10% Treatment of CSF otorhea: semisitting position, avoid straining, diuretics and close observation of the patient regarding fever and neck stiffness for the development of meningitis Treatment of facial nerve paralysis: care of the eye, surgical exploration and repair if electroneuronography reveals 90% degeneration of the affected nerve within one week of the onset of paralysis Treatment of hearing loss: tympanoplasty if the hearing loss or tympanic membrane perforation persists for more than 6-8 weeks

Case 9: A 28 year old male has been complaining of hearing loss in the left ear for the last 6 years. The hearing loss was progressive in nature and accompanied by tinnitus. During the last 6 months there was swaying during walking to the left side, a change in his voice and an inability to close the left eye with deviation of the angle of the mouth to the right side. Otologic examination showed no abnormality. The corneal reflex was lost in the left eye.

CASE 9	
Diagnosis & reasons	Left acoustic neuroma (progressive history of hearing loss over 6 years followed by imbalance due to cerebellar manifestations and developing neurological manifestations)
Explain the following manifestations	Hearing loss of 6 years duration: pressure of the tumor on the eighth nerve responsible for hearing and balance Swaying during walking to the left side: cerebellar attaxia alaways to wards the side of the lesion due to weakness (hypotonia) of the muscles on the same side of the lesion Change of voice: intracranial vagus paralysis leading to vocal fold paralysis Inability to close the eye: left lower motor neuron paralysis as the facial nerve accompanies the vestibulocochlear nerve in the internal auditory canal Absent sorneal reflex in the left eye: due to facial or trigeminal paralysis with trigeminal paralysis the contralateral reflex is lost as well as the patient can not feel in the affected left cornea
Further examination &/or investigations	• MRI of the internal auditory canals, cerebellopontine angles and inner ears • CT scan if MRI is not available • Audiological evaluation especially auditory brainstem response • Electrophysiological tests for the facial nerve
Treatment	Excision of the neuroma In old patients another option is the gamma knife (directed radiotherapy) to limit growth of the tumor In young patients with small tumors that do not produce new symptoms other than hearing loss it is advised to follow up the case with MRI on a 6-12 month basis as most of the tumors do not grow and so do not require surgery or gamma knife

Case 10: A 35 year old female suddenly complained of an attack of bleeding from her right ear (otorrhagia). An ENT specialist packed the ear and after removal of the pack found an aural polyp. The patient also complained of pulsatile tinnitus in

the right ear of 2 years duration and a change in her voice of 2 months duration. On laryngeal examination there was right vocal fold paralysis, the vocal fold was found in the abduction position. No lymph node enlargement was found in the neck.

CASE 10	
Diagnosis & reasons	**Right glomus jugulaire tumor (blleding from the ear, pulsatile tinnitus and neurological manifestations of the jugular foramen syndrome)**
Explain the following manifestations	**Aural polyp: this is not an inflammatory polyp it is extension of the tumor mass in the external auditory canal when touched by any instrument will cause severe bleeding** **Pulsatile tinnitus: the sound heard by the patient is that of the blood flowing in the very vascular tumor mass the sound disappears when the jugular vein in the neck is compressed or when there is a sensorineural hearing loss in the ear** **Abduction position of the vocal fold: due to a complete vagus paralysis paralysing all muscles of the right hemilarynx and so the vocal fold rests in the cadaveric abduction position** **No lymph node enlargement: glomus is a benign tumor there is no lymph node metastasis**
Further examination &/or investigations	• **CT scan with contrast to know the extent of the tumor** • **MRI and MR angiography (MRA)** • **Angiography to know the feeding vessels of the tumor** • **Examination of the entire body for a possible associated chromafffin tissue tumors as phaechromocytoma especially in aptients that are hypertensive**
Treatment	**Excision of the tumor via the infratemporal approach according to its extent**

Case 11: A 30 year old female has been suffering from seasonal nasal obstruction for the last few years. A watery nasal discharge and attacks of sneezing accompanied this nasal obstruction. 2 weeks ago she had an attack of common cold, she refused to have medical treatment and 2 days later she began to develop pain over the forehead and a mild fever. She did not receive any treatment and so recently developed severe headache with a high fever (40 C) and became severely irritable and could not withstand light. On examination there was marked neck and back stiffness.

CASE 11	
Diagnosis & reasons	**Nasal allergy (seasonal, watery nasal discharge, sneezing and nasal obstruction) complicated by acute frontal sinusitis (mild fever, and pain over the forehead) and later complicated by meningitis (high fever, irritability, can not withstand light and neck and back stiffness)**
Explain the following manifestations	**Watery nasal discharge: due to edematous fluid of nasal allergey that pours from the nose after accumulating in the nasal mucosa** **Pain over the forehead: due to inflammation of the frontal sinus it could be a continuous pain of the inflammation or a morning vacuum headache** **Could not withstand light: photophobia that occurs with meningitis**
Further examination	• **Lumbar puncture: increased pressure of turbid pus containing CSF**

&/or investigations	• CT scan to diagnose frontal sinusitis • Complete blood picture to show leucocytosis • Fundus examination • After management of acute condition investigations for allergy (skin tests, RAST, …..)
Treatment	Treatment of meningitis (antibiotics, lower intracranial tension by repeated lumbar puncture diuretics mannitol 10%) Treatment of frontal sinusitis (functional endoscopic sinus surgery or open surgery) Treatment of underlying predisposing cause which is nasal allergy (avoid the cause of allergy, hyposensitization, pharmacotherapy by local or systemic steroids, antihistamines, mast cell stabilizers, …….)

Case 12: A 25 year old patient had been complaining from severe acute rhinitis. On the fifth day he started to get severe headache, mild fever and marked pain over the left forehead. The patient did not receive any treatment and on the tenth day started to get repeated rigors and became severely ill. On examining the patient the following signs were detected:

- **A large red tender swelling in the right nasal vestibule.**
- **Marked edema of both upper and lower right eye lids.**
- **Chemosis of the conjunctive in the right eye.**
- **Forward proptosis of the right eyeball.**

CASE 12	
Diagnosis & reasons	Acute rhinitis complicated by two conditions: left frontal sinusitis (pain over the left forhead and mild fever) the second condition is right nasal furuncle due to excessive nasal secretions leading to fissures and bacterial infection in the nasal vestibule (a large tender swelling in the right nasal vestibule) the furuncle on the tenth day is complicated by cavernous sinus thrombosis (rigors, severely ill, edema of the right eye lids, chemosis of the conjunctive, proptosis of the right eyeball)
Explain the following manifestations	Rigors: is an indication that infection has reached the blood stream Chemosis of the conjunctiva: congestion and edema of the conjunctiva due to obstruction of the orbital veins that drain into the cavernous sinus Proptosis of the right eyeball: due to obstruction of the venous drainage of the eye via the retrorbital veins that drain into the cavernous sinus
Further examination &/or investigations	CT scan Blood culture Leucocytic count Fundus examination will show engorged retinal veins
Treatment	Hospitalization Intravenous antibiotics Anticoagulants Local antibiotic ointment to help furuncle to drain Treatment of frontal sinusitis

Case 13: An 18 year old male patient complained of dull aching pain over the forehead for the last 3 years. This pain increased in the morning and decreased in

the afternoons, together with intermittent nasal discharge. 10 days ago the pain became very severe with complete nasal obstruction and fever 38 C the patient did not receive the proper treatment and by the tenth day became drowsy with some mental behavioral changes, also there was vomiting and blurred vision.

CASE 13	
Diagnosis & reasons	Chronic frontal sinusitis (3 years duration, typical vacuum morning headaches) complicated recently (10 days ago, complete nasal obstruction, fever 38 C) the latest complication is a frontal lobe abscess (drowsy, mental behavioral changes, vomiting and blurred vision)
Explain the following manifestations	Morning headache: due to obstruction of the opening of the frontal sinus when the patient sleeps the opening is tightly closed due to edema and the air in the sinus is absorbed creating a negative pressure that causes headache in the morning when the patient stands up the edema is somewhat relieved and air enters the sinus and so the headache disappears or decreases in the afternoon Mental behavioral changes: the abscess causes pressure on the centers in the frontal lobe of the brain that is responsible for behavior Blurred vision: increased intracranial tension by the abscess causing vomiting and papilledema
Further examination &/or investigations	• Tenderness over the frontal sinus • CT scan with contrast to locate the abscess and diagnose the frontal sinusitis • Leucocytic count important after administering treatment for prognosis
Treatment	Neurosurgical excision or drainage of the abscess Treatment of frontal sinusitis both medically by antibiotics and surgically to drain the frontal sinus

Case 14: A 52 year old male started to develop right sided progressively increasing nasal obstruction 6 months ago. This was followed by blood tinged nasal discharge from the right side as well. Due to looseness of the right second upper premolar tooth, the patient consulted a dentist who advised extraction, this resulted in an oroantral fistula. On examination there was a firm tender swelling in the right upper neck.

CASE 14	
Diagnosis & reasons	Cancer of the right maxillary sinus (right blood tinged nasal discharge, looseness of right upper second premolar tooth, swelling in the right upper neck)
Explain the following manifestations	Blood tinged nasal discharge: common early manifestation of cancer of the paranasal sinuses due to the presence of necrotic infected nasal mass Looseness of the right upper second premolar tooth: due to destruction of the root of the tooth by the malignant tumor as this tooth and the first molar are very close to the floor of the maxillary sinus Oroantral fistula: due to destruction of the alveolus and the palate by the malignant tumor leading to escape of saliva food and drink from the mouth to the maxillary antrum and then back out of the nose

	Firm tender swelling in the right upper neck: lymph node metastasis from the primary maxillary tumor it could be tender or not tender
Further examination &/or investigations	• Other symptoms include: orbital manifestations as diplopia, blindess and pain; headache and trigeminal neuralgic pain; swelling of the cheek; Horner's syndrome due to spread of malignancy from the retropharyngeal lymph node of Rouviere to the upper cervical sympathetic ganglion • CT scan: to diagnose, study the extent of the malignant lesion and its relation to the big blood vessels of the neck and look for other lymph node metastasis • Nasal endoscopy and biopsy to prove malignancy prior to treatment and to know the pathological type of the malignant tumor before deciding on the modality of treatment • General investigations to assess condition of the patient
Treatment	Surgical excision by maxillectomy (partial, total or radical according to tumor extent) Radiotherapy for extensive inoperable lesions Radical neck dissection for lymph node metastases Chemotherapy for inoperable tumors that do not respond to radiotherapy Palliative treatment for inoperable terminal cases

Case 15: A 40 year old female has been complaining of nasal troubles of a long duration in the form of bilateral nasal obstruction, anosmia and nasal crustation. 2 months ago she developed mild stridor that necessitated a tracheostomy later on. She received medical treatment for her condition, but 1 month later developed severe to profound hearing loss that necessitated the use of a hearing aid.

CASE 15	
Diagnosis & reasons	Rhinolaryngoscleroma (nasal crustations of long duration, stridor)
Explain the following manifestations	Nasal obstruction: due to the presence of a scleroma mass or crustation or nasal synechia Stridor: laryngoscleroma causes subglottic stenosis and fibrosis causing biphasic stridor Profound hearing loss that necessitated a hearing aid: an old antibiotic used for the treatment of scleroma was streptomycin that was ototoxic causing sensorineural hearing loss now rifampscin is used with no such side effect
Further examination &/or investigations	• Examination of the nose shows crusts, nasal mass, offensive discharge • Examination of the larynx will show an area of subglottic stenosis may be in the form of a web • Biopsy: will show a chronic inflammatory process with endarteritis obliterans and two diagnostic structure the Mickulicz cell and the Russel body; the active cell the fibroblast is also seen
Treatment	Medical: Rifampscin 300mgm daily twice daily before meals Surgical: recanalization of the nose to relieve nasal obstruction Laser excision of the subglottic web to relieve dyspnea and

	stridor Follow up the condition until complete cure

Case 16: A 24 year old male patient presented because of severe pain in the throat and the left ear that increased with swallowing of sudden onset and 2 days duration. He gave a history of sore throat and fever a few days prior to the condition. On examination, the patient looked very ill and has a thickened voice. The temperature was 39.5 C and the pulse 110/minute. The patient had fetor of the breath and was unable to open his mouth. There was marked edema of the palate concealing the left tonsil that was found injected. There was a painful hot swelling located below the left angle of the mandible. The left tympanic membrane was normal.

CASE 16	
Diagnosis & reasons	Acute tonsillitis (sore throat and fever) complicated by peritonsillar abscess {quinzy} (severe throat pain referred to the left ear, very ill, thickened voice, fever, fetor, unable to open his mouth, edema of the palate, painful hot swelling at the angle of the mandible)
Explain the following manifestations	Pain in the left ear: refeered earache along Jackobsen's tympanic branch (that supplies the middle ear) of the glossopharyngeal nerve (that supplies the palatine tonsil) Thickened voice: due to palatal edema Fetor of the breath: severe dysphagia leading to inability to swallow saliva together with the presence of an abscess in the oropharynx Unable to open his mouth: trismus due to irritation of the medial pterygoid muscle by the pus under tension in the peritonsillar abscess Left tonsil injected: markedly congested due to severe inflammatory process Hot swelling below the left angle of the mandible: jugulodigastric lymph adenitis Normal tympanic membrane: there is no acute otitis media pain in the ea is referred from the throat
Further examination &/or investigations	• Complete blood picture lecocytosis • CT scan
Treatment	Medical treatment: antibiotics, analgesics, antipyretics and antiinflammatory drugs Surgical drainage of the quinzy (pus pointing, palatal edema, throbbing pain, pitting edema) Tonsillectomy after 2-3 weeks

Case 17: A 5 year old boy was referred to an ENT specialist because of mouth breathing and impairment of hearing of 2 years duration. His mother reported that her child has almost constant mucoid nasal discharge that sometimes changes to a mucopurulent one and he snores during his sleep. On examination, the child has nasal speech and obvious mouth breathing. Examination of the ears showed retracted tympanic membranes. Tympanograms were flat type B.

CASE 17	
Diagnosis &	Adenoid enlargement (mouth breathing, nasal discharge,

reasons	snoring, nasal speech) complicated by bilateral otitis media with effusion (impairement of hearing, retracted tympanic membranes type B tympanograms)
Explain the following manifestations	Mucoid nasal discharge that can change to be mucopurulent: adenoid enlargement may be complicated by ethmoiditis causing the mucopurulent nasal discharge Snoring: due to bilateral nasal obstruction during his sleep can progress to respiratory obstruction during his sleep (sleep apnea) Nasal speech: rhinolalia clausa due to nasal obstruction were the letter m is pronounced as b Type B tympanograms: due to presence of fluid behind the intact retracted tympanic membrane leading to no vibrations of the drum
Further examination &/or investigations	• Other symptoms and signs: adenoid face, stunted growth, poor scholastic achievement, nocturnal enuresis,…… • X-ray lateral view skull: soft tissue shadow in the nasopharynx causing narrowing of the nasopharyngeal airway • Audiogram: air bone gap indicating conductive hearing loss
Treatment	Adenoidectomy Bilateral ventillation tube (grommet) insertion in the tympanic membranes

Case 18: A male patient 49 year old presented with the complaint of enlargement of the upper deep cervical lymph nodes on both sides of the neck of 6 months duration. The nodes appeared first on the right side later on the other side. The patient gave a history of decreased hearing in the right ear that was intermittent but later became permanent. Recently he developed diminution of hearing in his left ear, nasal regurge, nasal intonation of voice and recurrent mild nosebleeds.

CASE 18	
Diagnosis & reasons	Nasopharyngeal carcinoma with lymph node metastasis (early appearance of lymph node metastasis as the nasopharynx is one of the silent areas of the head and neck – occult primary sites; decreased hearing due to eustachian tube affection)
Explain the following manifestations	Bilateral enlargement of upper deep cervical lymph nodes: the nasopharynx may send metastasis to both sides because it is present in the center of the head and neck Decreased hearing in the right ear: due to eustachian tube destruction by the malignant tumor causing right otitis media with effusion and a retracted tympanic membrane leading to a conductive hearing loss Nasal regurge: due to palatal paralysis Nasal intonation of voice: due to nasal obstruction and palatal paralysis it is a combined rhinolalia clausa and aperta
Further examination &/or investigations	• CT scan • Nasopharyngoscopy and biopsy • Audiogram and tympanogram • General investigations
Treatment	Radiotherapy for the primary nasopharyngeal carcinoma Radical neck dissection for residual lymph node metstasis after

	treatment with radiotherapy **Chemotherapy in certain selected cases according to histopathological finding of biopsy** **Palliative treatment for terminal cases**

Case 19: A 40 year old female began to experience difficulty in swallowing for the last 3 years. This difficulty in swallowing was to all kinds of food and the condition showed variation in the degree of dysphagia and was associated with a sense of obstruction at the root of the neck. For the last 2 months, she developed rapidly progressive difficulty in swallowing even to fluids together with a change in her voice. Recently she noticed a firm non-tender swelling in the right upper neck.

CASE 19	
Diagnosis & reasons	**Plummer – Vinson disease (dysphagia of intermittent nature for 3 years to all kinds of food) leading to hypopharyngeal or esophageal malignancy (progression of dysphagia in the last 2 months, change of voice, appearance of neck swelling indicating lymph node metastasis)**
Explain the following manifestations	**Sense of obstruction at the root of the neck: the level of obstruction in Plummer Vinson disease is due to the presence of pharyngeal and esophageal webs of fibrous tissue in the lower pharynx and upper esophagus** **Change of voice: due to malignant involvement of the recurrent laryngeal nerve leading to vocal fold paralysis** **Firm non tender swelling in the right upper neck: lymph node metastasis in the right upper deep cervical lymph node**
Further examination &/or investigations	• **Indirect laryngoscopy: tumor is seen in the hypopharynx with overlying froth** • **Direct laryngoscopy and biopsy** • **X-ray lateral view neck showing a wide prevertebral space displacing the airway anteriorly** • **CT scan to show extent of the tumor especially lower extent** • **Barium swallow** • **General investigations to assess the general condition of the patient**
Treatment	**Surgical excision by total laryngopharyngectomy and radical neck dissection of metastatic lymph nodes** **Radiotherapy** **Chemotherapy** **Palliative treatmet** **Type of treatment depends on general condition of patient, age of patient, extent of tumor and its histopathological type**

Case 20: 4 hours following an adenotonsillectomy for a 6 year old the pulse was 110/min, blood pressure 100/70, respiration 20/min and the child vomited 250 cc of a dark fluid. 2 hours later he vomited another 150 cc of the same dark fluid, the pulse became 130/min, the blood pressure became 80/50. The respiration rate remained 20/min.

CASE 20	
Diagnosis & reasons	**Post-tonsillectomy reactionary hemorrhage (rising pulse, lowering of blood pressure, vomiting of altered blood, 4 hours**

	following an adenotonsillectomy)
Explain the following manifestations	**Pulse is 110/min then rises to 130/min: a continuous rising pulse is due to tacchycardia as a compensation for the blood loss** **Vomiting of dark fluid: altered blood (acid hematin when blood is changed by stomach HCL)**
Further examination &/or investigations	• **Examination of the throat site of bleeding may be from the tonsil bed or from the adenoid bed** • **Rapid assessment of hemoglobin**
Treatment	**Antishock measures (fluid and blood transfusion, steroids, coagulants)** **Surgical hemostasis under general anesthesia**

Case 21: A 3 year old child was referred to an ENT specialist because of cough, difficulty of respiration and temperature 39.5 C of few hours duration. The child was admitted to hospital for observation and medical treatment. 6 hours later, the physician decided an immediate tracheostomy. After the surgery the child was relieved from the respiratory distress for 24 hours then he became dyspnic again. The physician carried out a minor procedure that was necessary to relieve the child from the dyspnea. Few days later the tracheostomy tube was removed and the child discharged from the hospital.

CASE 21	
Diagnosis & reasons	**Acute laryngotracheobronchitis – CROUP (dyspnea relieved by tracheostomy placed for a few days only, cough and fever) complicated by an obstruction of the tracheostomy tube by secretions (relieved after cleaning the tube)**
Explain the following manifestations	**Cough: common with croup due to the presence of tracheal and broncjial imflammation and secretions** **Temperature 39.5 C: temperature in croup is varaiable may be mild or severe according to the virus causing the condition** **Observation and medical treatment: the main observation is that of the degree of respiratory distress and tacchcyardia to detect early heart failure. Medical treat is mainly steroids and humidification of respired air, mucolytics and expectorants to facilitate getting rid of the secretions in the bronchi and trachea.** **Minor procedure: clearnace of the tracheostomy tube from accumulated secretions.**
Further examination &/or investigations	• **Pulse rate** • **Cyanosis** • **Chest x-ray to differentiate from foreign body inhalation**
Treatment	**Steroids** **Mucolytics** **Expectorants** **Antibiotics** **Humidified oxygen inhalation** **Treatment of heart failure**

Case 22: A 45 year old male who is a heavy smoker complained of change in his voice of 3 years duration in the form of hoarseness. During the last 3 months his voice became very hoarse and he developed mild respiratory distress. Later he became severely distressed and required a surgical procedure to relieve the

distress. On examination there were bilateral firm non-tender upper neck swellings.

CASE 22	
Diagnosis & reasons	Leukoplakia of the vocal folds (hoarseness of 3 years duration) leading to vocal fold carcinoma (glottic carcinoma increased hoarseness, respiratory distress relieved by tracheostomy) with bilateral lymph node metastasis (firm non-tender upper neck swellings)
Explain the following manifestations	Hoarseness: the presence of lesions whether leukoplakia or carcinoma on the vocal fold will limit its vibration capability causing hoarseness Bilateral firm non-tender swellings in the upper neck: lymph node metastasis not common with vocal fold carcinoma but may occur when the tumor spreads to the neighboring supraglottis or subglottis Surgical procedure: tracheostomy to bypass the glottic lesion causing respiratory obstruction
Further examination &/or investigations	• Other symptoms: cough and hemoptsys • Indirect laryngoscopy: visualize the lesion and vocal fold paralysis • Laryngeal stroboscopy: to examine the vocal fold movement very useful with small vocal fold carcinoma lesions • Direct laryngoscopy and biopsy • CT scan and MRI • Chest X-ray
Treatment	Laser excision of the lesion Laryngofissure and cordectomy Laryngectomy (partial or total) Radiotherapy for small cordal lesions Chemotherapy and palliative treatment for terminal cases

Case 23: A 40 year old female had repeated attacks of chest infection not improving by medical treatment. The patient was admitted for investigation of her condition in a hospital. A chest x-ray revealed basal lung infection. During her hospital stay it was noticed that she suffered from chest tightness and choking following meals. The ward nurse noticed that the patient refuses fluid diet and prefers solid bulky food.

CASE 23	
Diagnosis & reasons	Cardiac achalasia (basal chest infection due to aspiration, choking following meals and dysphagia more to fluids)
Explain the following manifestations	Chest infection not improving by medical treatment: because of continuous aspiration the original condition of cardiac achalasia must be treated first and the chest infection will improve subsequently Basal lung infection by X-ray: with aspiration by gravity the basal lung is always affected Patient refuses fluid diet and prefers solid food: solid food creates a better stimulation by rubbing against the esophageal wall and so the cardiac sphincter opens while fluids need to accumulate in the esophagus before causing a sufficient stimulus

Further examination &/or investigations	• **X-ray barium swallow esophagus shows a large dilatation of the esophagus and a stenosis at the level of the cardiac sphincter** • **Esophagoscope** • **CT scan with barium swallow** • **Chest X-ray**
Treatment	**Heller's operation** **Esophagoscopic dilatation**

Case 24: A 4 year old child was referred to an ENT specialist by a pediatrician because of repeated attacks of severe chest infection (three in number) during the last month that usually resolved by antibiotics, expectorants and mucolytics, but the last attack did not resolve. On examination the lower right lobe of the lung showed no air entry and a lot of wheezes all over the chest by auscultation. A chest x-ray revealed an opacified lower right lobe. Temperature 38 C, pulse 120/min and respiration rate 35/min.

CASE 24	
Diagnosis & reasons	**Foreign body inhalation in the right lung most probably a vegetable seed as a peanut (attacks of chest infection, no air entry and opacified lower right lobe of the lung, fever tachycardia and dyspnea 35/min normal reting respiratory rate in a child should not exceed 18/min**
Explain the following manifestations	**Last attack of chest infection did not resolve: the chemical bronchopneumonia caused by the vegetable seed has reached a severity that it could not be controlled by the medical treatment always suspect a foreign body inhalation in a non-responsive chest infection in a child** **Wheezes all over the chest: although the foreign body is in the right lung the site of decreased air entry and an opacified lobe by X-ray but the chemical effect of the fatty acids in the vegetable seed is all over the lung causing marked dyspnea and tachypnea as well** **Pulse 120/min: respiratory failure is also accompanied by tachycardia which might lead to heart failure**
Further examination &/or investigations	• **Proper history** • **Tracheobronchoscopy**
Treatment	**Tracheobronchoscopy and removal of the foreign body followed by** **Antibiotics** **Steroids** **Expectorants**

Case 25: A 3 year old child suddenly complained of a sore throat and enlarged left upper deep cervical lymph node. Later he suffered from marked body weakness and mild respiratory distress that progressively became severe. Oropharyngeal examination revealed a grayish membrane on the left tonsil, soft palate and posterior pharyngeal wall. 2 days later he developed nasal regurge. His temperature was 38 C and pulse 150/min.

CASE 25	
Diagnosis &	**Diphtheria (sore throat, enlarged upper deep cervical lymph**

reasons	**node, marked weakness, respiratory distress, extension of the membrane outside the tonsil, low grade fever with marked tachycardia)**
Explain the following manifestations	**Enlarged upper deep cervical lymph node: markedly enlarged (Bull's Neck) common in diphtheria in the early stages of the disease** **Respiratory distress: could be because of heart failure caused by marked toxemia or due to extension of the diphtheritic membrane to the larynx** **Grayish membrane: due to tissue necrosis** **Extension of the membrane outside the surface of the tonsil: diphtheria is a disease of the mucous membrane not only of the tonsil** **Pulse 150/min: toxemia causing heart failure leading to a rapid pulse**
Further examination &/or investigations	• **Swab from the membrane** • **Bacteriological diagnosis**
Treatment	**Start treatment immediately do not wait for a definite bacteriological diagnosis** **Antitoxin serum 20,000 – 100,000 units daily until the membrane disappears** **Bacteriological swabs until the organism disappears from the throat** **Antibiotics** **Treatment of heart failure if present** **Tracheostomy for respiratory distress or even marked heart failure to decrease the effort of breathing by decreasing the respiratory dead space** **Passive and active immunization of the contacts of the patient**

Case 26: A 45 year old male patient presented to the ENT emergency room with severe incapacitating dizziness of 5 days duration. The dizziness was continuous with no periods of rest and was accompanied by hearing loss and tinnitus in the right ear. He was admitted to hospital and medical treatment was started. The patient gave a history of right ear offensive continuous discharge of seven years duration. On examination there was right beating nystagmus. Otoscopic examination of the right ear showed a marginal attic perforation with a discharge rich with epithelial flakes, the edge of the perforation showed granulation tissue. The left ear was normal. On the next day the patient's condition became worse despite the medical treatment, he developed a mild fever of 38.5 C and the nystagmus became directed to the left ear. 2 days later the temperature became higher 40 C, the patient became irritable, but later became drowsy. On examination at this stage there was marked neck rigidity.

CASE 26	
Diagnosis & reasons	**Right chronic suppurative otitis media – cholesteatoma (seven years of offensive continuous ear discharge, marginal attic perforation with epithelial flakes, edge of the perforation shows granualtion tissue) complicated by serous labyrinthitis (severe incapacitating dizziness, hearing loss and tinnitus, right beating nystagmus) followed by suppurative labyrinthitis (worsening of**

	the condition despite medical treatment, mid fever 38 and left beating nystagmus) and finally complicated by meningitis (very high fever 40, irritability and drowsiness, marked neck ridgidity)
Explain the following manifestations	**Incapacitating dizziness: meaning vertigo due to serous labyrinthitis with irritation of the vestibular part of the inner ear** **Hearing loss: due to labyrinthitis is sensorineural hearing loss** **Right beating nystagmus: due to irritation of the vestibular endorgan with the slow phase away from the diseased ear and the fast phase towards the diseased ear** **Offensive continuous ear discharge: cholesteatoma causes continuous ear discharge that is offensive because of the presence of anerobic organisms and because of bone destruction and erosion** **Nystagmus became directed to the left ear: indicating that serous labyrinthitis is now suppurative with destruction of the vestibular endorgan** **Drowsy: means a decrease in the level of conciousness that which occurs with meningitis and intracranial complications**
Further examination &/or investigations	• **CT scan** • **Audiogram** • **Lumbar puncture**
Treatment	**Treatment of meningitis: antibiotics, lower intracranial tension** **Treatment of cholesteatoma: tympanomastoidectomy** **Labyrinthitis will subside after removing the causing cholesteatoma (no need to carry out labyrinthectomy as this will spread more the infection)**

Case 27: The mother of a 3 year old child complained that her child had a fever 5 days ago. 2 days following that he developed severe right sided earache that kept the child continuously crying. A day later she noticed that his mouth was deviated to the left side and he was unable to close the right eye.

CASE 27	
Diagnosis & reasons	**Right acute suppurative otitis media (fever of short duration, right sided earache) complicated by right lower motor neuron facial paralysis (inability to close the right eye and deviation of the angle of the mouth to the left) the cause is dehiscence of the fallopian canal in the middel ear so the pus under tension of acute suppurative otitis media causes inflammation and pressure on the facial nerve**
Explain the following manifestations	**Severe right earache: due to psu formation in the suppurative phase of acute suppurative otitis media leading to pressure and bulging of the tympanic membrane** **Unable to close the right eye: due to lower motor neuron facial nerve paralysis leading to paralysis of the orbicularis occuli responsible for the firm closure of the eye lids**
Further examination &/or investigations	• **Otoscopic examination: will most probably show a congested bulging tympanic membrane** • **Audiogram and tympanogram will show an air bone gap of conductive hearing loss and a flat tympanogram type B** • **Culture and antibiotic sensitivity of the ear discharge obtained after performing myringotomy**

Treatment	**Urgent myringotomy to relieve pressure on the facial nerve** **Antibiotics according to culture and antibiotic sensitivity** **Steroids to relieve edema due to inflammation of the facial nerve** **Care of the eye by drops ointment and closure to prevent possible corneal ulceration**

Case 28: A 30 year old female patient developed a sudden attack of fever and rigors. She was admitted to the fever hospital and properly investigated and received an antibiotic. On the fifth day after her admission a blood culture was requested and the result was negative for bacteria. The patient improved and was discharged from hospital; but 2 weeks later the condition recurred with a very high fever and there was a tender swelling in the right side of the neck. An otologic consultation was obtained as the patient mentioned that she had a right chronic offensive otorhea for the last 5 years. The otologist found an aural polyp with purulent ear discharge. A laboratory workup showed Hb%= 7gm% WBC count 23,000/cc.

CASE 28	
Diagnosis & reasons	**Right chronic suppurative otitis media – cholesteatoma (chronic offensive otorhea of 5 years duration, an aural polyp) complcated by lateral sinus thrombophlebitis (fever and rigors, tender lymphadenitis in the right upper deep cervical lymph nodes, marked anemia and leucocytosis)**
Explain the following manifestations	**Fever and rigors: due to spread of infection to the bloodstream** **Negative blood culture: as the patient is receiving antibiotics** **Tender swelling in the right upper neck: could be due to lymphadenitis caused by extending thrombophlebitis in the internal jugular vein or due to the inflammation of the veins wall** **Aural polyp: an indication of chronic ear inflammation especially by cholesteatoma** **Hb% 7gm%: marked anemia as the organism in the blood releases hemolysing causing hemolysis of the RBCs – it is one of the cardinal signs of thrombophlebitis**
Further examination &/or investigations	• **CT scan of the ear** • **MRI and MR venography to diagnose thrombophlebitis** • **Blood culture after stopping antibiotics for 48 hours** • **Bloof film to exlude malaria** • **Leucocytic count and hemoglobin to follow up the case**
Treatment	**Intravenous antibiotics** **Anticoagulants to limit spread of the thrombus** **Tympanomastoidectomy for the cholesteatoma**

Case 29: An 18 year old male patient presented to the ENT clinic with an offensive continuous right ear discharge of 2 years duration for which he received antibiotic ear drops, but with no improvement of his condition. A month ago a swelling appeared behind the right ear. The swelling was red, hot, tender and was accompanied by deep seated pain and a fever 39 C . The swelling was incised by a surgeon and pus released after which the temperature dropped to 37.5 C but the pus continued draining from the incision and the incision did not heal since then.

CASE 29	
Diagnosis & reasons	**Right chronic suppurative otitis media – cholesteatoma (continuous offensive otorhea, no improvement with antibiotic ear drops) complicated by mastoiditis and a mastoid abscess**

	(swelling red hot tender, deep seated pain and fever followed by a mastoid fistula (incision made by surgeon, no healing of the incision)
Explain the following manifestations	**Red hot tender swelling: criteria of an abscess that originated from the mastoid diagnostic when it is fluctuant** **Incision did not heal: as the cause of the mastoid abscess is mastoiditis in the bone of the mastoid the wound will never heal unless the underlying mastoiditis is treated by mastoidectomy to clear the bone of the mastoid from the infected bone tissue**
Further examination &/or investigations	• **Other criteria of mastoiditis as: sagging of the posterosuperior extenal auditory canal wall, reservoir sign, tenderness all over the mastoid especially at the tip, preservation of the retroauricular sulcus** • **X-ray shows hazziness of the mastoid bone air cells indicating an inflammation of the bone partitions between the air spaces** • **CT scan to show the underlying cholesteatoma and its extensions** • **Audiogram**
Treatment	**Tympanomasoidectomy to remove the underlying causative cholesteatoma** **Antibiotics**

Case 30: A 35 year old male patient had been complaining of a right continuous offensive otorhea for the last 10 years. One month ago he had a very high fever and became drowsy. This condition lasted for 5 days, after which the fever dropped and the drowsiness disappeared. The patient kept complaining of a mild non continuous headache. One week ago the patient felt that he could not go up and down the stairs easily. Neurological examination revealed right side body weakness in the upper and lower limbs. There was also nystagmus and a difficulty on grasping objects by the right hand. Temperature was 36 C, pulse 80/min. The patient was slightly disoriented to his surrounding and was slow in his responses.

CASE 30	
Diagnosis & reasons	**Right chronic suppurative otitis media – cholesteatoma (continuous otorhea of 10 years duration) complicated by a cerebellar abscess (headache, imbalance, weakness on the same side of the body right, nystagmus, difficulty grasping objects by the right hand, temperature 36 C, disorientation ans slow responses)**
Explain the following manifestations	**Original high fever and drowsiness: encephalitic stage of brain abscess** **Mild non-continuous headache: latent quiescent stage of the brain abscess** **Could not go up and down the stairs: imbalance and due to hypotonia on the right side (same side) of the body** **Difficulty in grasping objects: incoordication of cerebellar attaxia** **Disorientation and slow responses: end stage of brain abscess stage of stupor**
Further examination &/or	• **Examination of cerebellar function: finger nose test, knee heel test, dysdidokokinesia** • **CT scan with contrast for the brain and the ear**

investigations	• MRI • Fundus examination may show papilledema • Blood picture especially leucocytic count for follow up and prognosis
Treatment	Antibiotics that cross the blood brain barrier Avoid lumbar puncture as it might lead to conization of the medulla oblongata and death Drainage of the abscess or excision neurosurgically Tympanomastoidectomy for the cholesteatoma

Case 31: A 25 year old female is complaining of bilateral nasal obstruction of 5 years duration. She gave a history of attacks of sneezing, lacrimation and watery nasal discharge that may be clear or yellowish green. On examination her nasal cavities were blocked by smooth glistening pedunculated nasal masses with a clear nasal discharge.

CASE 31	
Diagnosis & reasons	Nasal allergy (history of sneezing, watery nasal discharge) with allergic nasal polypi (smooth glistening pedunculated nasal masses)
Explain the following manifestations	Lacrimation: most cases of allergic rhinitis are accompanied by conjunctival spring catarrh causing lacrimation Yellowish green nasal discharge: may be due to secondary bacterial infection or the allergy itself as the dischage is rich in eosinophils that give the yellowish green color Glistening pedunculated nasal masses: due to the allergy the nasal mucosa is edematous and the lining mucosa of the sinuses is prolapsed like bags filled with water and hence they are pedunculated and glistening – the common sinuses to cause this are the ethmoid because of the large surface area of the mucosa as they are multiple sinuses
Further examination &/or investigations	• CT scan to visualize the extent of nasal polypi • Skin allergy tests • Radioallergosorbent test RAST • Serum IgE level
Treatment	Remove nasal polypi by endoscopic nasal surgery Treatment of allergy by avoidance of the cause of allergy, hyposensitization Treatment of allergy by medical treatment: steroids, local steroids, antihistamines Avoid non-steroidal antiinflammatory drugs as aspirin in all forms as it leads to the exacerbation of allergy and leads to the formation of nasal polypi (aspirin triade)

Case 32: A 50 year old male complained of a swelling in the upper right side of the neck of 2 months duration. The swelling was firm and non-tender and progressively increasing in size. The patient mentioned that he has been suffering from right side offensive blood stained nasal discharge of 6 months duration. Now he has diplopia, right side nasal obstruction and looseness of the teeth of the right side of the upper jaw.

CASE 32	
Diagnosis & reasons	Right cancer maxilla (right side offensive blood stained nasal discharge in a 50 year old) with right upper deep cervical lymph

	node metastasis (firm non-tender swelling in the right upper neck)
Explain the following manifestations	Firm non-tender swelling in the right upper neck: malignant lymph node matastasis is firm and usually non-tender but may be tender in some cases Right side offensive blood stained nasal discharge: due to the presence of the malignant tumor in the nasal cavity destroying the nasal mucosa with subsequent infection of the necrotic tissue Diplopia: double vision due to orbital extension by the tumor causing proptosis Looseness of the teeth of the right upper jaw: due to destruction of the roots of the teeth in the alveolus
Further examination &/or investigations	• Endoscopic examination of the nose and biopsy • CT scan to show the extent of the tumor, metastasis and involvement of the big vessels of the neck • Ophthalmic examination • Dental examination
Treatment	Surgical radical maxillectomy to remove the maxilla and the metastatic lymph nodes Radiotherapy for selected cases Chemotherapy Palliative management for inoperable cases

Case 33: A 30 year old female had a common cold 6 weeks ago. This was followed by right forehead pain, upper eyelid edema and a temperature of 38.5 C. Later her fever rose to 40.5 C, the lid edema increased and she started to complain of double vision. On examination the eye showed a downward and lateral proptosis. She now presented to the emergency room with decreased level of consciousness and marked neck rigidity.

CASE 33	
Diagnosis & reasons	Common cold complicated by right frontal sinusitis (forehead pain, upper eye lid edema and temperature 38.5 C) complicated further by subperiosteal orbital abscess (high fever 40.5 C, increased lid edema, proptosis) finally complicated by meningitis (marked neck ridgidity and decreased level of consiousness)
Explain the following manifestations	Right forhead pain: due to acute suppurative frontal sinusitis with inflammation of the mucosal lining of the frontal sinus Downward and lateral proptosis: due to the formation of a subperiosteal orbital abscess in the upper medial corner of the orbital cavity which displaces the globe from its position and leads to diplopia Neck ridgidity: due to inflammation of the meninges
Further examination &/or investigations	• Endoscopic nasal examination • CT scan with contrast • Ophthalmic examination with fundus examination • Lumbar puncture
Treatment	Antibiotics that cross the blood brain barrier Surgical drainage of the subperiosteal orbital abscess either through the orbit or through the nose by the nasal endoscope Treatment of the underlying frontal sinusitis to prevent recurrence

Case 34: A 25 year old farmer has been complaining of nasal obstruction, greenish nasal discharge and nasal deformity of one year duration. On examination the nose was broad and contained a lobulated firm mass that may bleed on touch. Also, there was a hard swelling below the medial canthus of the right eye. One week ago, he noticed a change in his voice that was followed by respiratory distress. On examination there was marked stridor and laryngeal examination showed a subglottic laryngeal web.

CASE 34	
Diagnosis & reasons	Rhinoscaleroma (greenish nasal dischage, nasal deformity, broad nose, lobulated firm mass that may bleed on touch) with dacrscleroma of the lacrimal sac (hard swelling below the medial canthus of the right eye) with laryngoscleroma (change of voice, respiratory distress, stridor, subglottic web)
Explain the following manifestations	Greenish nasal dischage: characteristic of the infection caused by the Klebsiella rhinoscleromatis Nasal deformity: due to the fibrosis that accompanies scleroma Hard swelling below the medial canthus of the right eye: due to involvement of the right lacrimal sac by the scleroma tissue which is fibrous and hard the swelling may be cystic and fluctuant in other situations when there is only a nasolacrimal duct obstruction without involvement of the sac with the scleroma tissue Subglottic laryngeal web: scleroma when involving the larynx is commonly in the subglottic region as it is an extension of trahceal scleroma this web is the cause of respiratory distress and stridor
Further examination &/or investigations	• Endoscopic nasal examination and biopsy that wil show Mickulicz cell, Russel body and othe chronic inflammatory cells especially the active cell in scleroma the fibroblast • CT scan of the nose • CT scan of the larynx and trachea to assess the degree of the subglottic stenosis
Treatment	Medical treatment with Rifampscin Surgical treatment in the form of tracheostomy to relieve respiratory obstruction Laser excision of the subglottic web Removal of the mass in the lacrimal sac and dacrocystorhinostomy

Case 35: Following a common cold a 30 year old male started to complain of left forehead pain and edema of the upper eyelid. One week later, his general condition became worse, there was a fever 40 C and rigors. On examination there was right eye proptosis with conjunctival chemosis and paralysis of eye movement. Also, there was a small red, hot tender swelling in the vestibule of the right nasal cavity.

CASE 35	
Diagnosis & reasons	Common cold caused two conditions first left frontal sinusitis (left forehead pain, edema of the left upper eye lid) second right nasal furuncle (small red hot tender swelling in the right nasal vestibule) the second condition is complicated by cavernous sinus thrombosis (fever 40 C and rigors, right eye proptosis,

	conjunctival chemosis, and paralysis of eye movement)
Explain the following manifestations	**Fever 40 C and rigors: spread of infection to the blood in the cavernous sinus causes high fever and rigors** **Proptosis: thrombosis of the retrobulbar veins leads to retrorbital edema that pushes the eye forwards** **Conjunctival chemosis: which means edema and congestion of the conjunctive due to occlusion of the venous drainage** **Paralysis of eye movement: due to affect of the 3, 4, 6 cranial nerves related to the cavernous sinus** **Swelling in the nasal vestibule: furuncle always occurs in relation to a hair follicle or sebaceous gland those are present in the nasal vestibule as it is lined by skin**
Further examination &/or investigations	• **Fundus examination** • **CT scan of the nose** • **Blood picture (leusocytic count)** • **Blood culture**
Treatment	**Intravenous antibiotics** **Anticoagulants** **Treatment of the underlying cause furuncle by antibiotic ointment and drainage as it has already caused cavernous sinus thrombosis so there is no fear of such a complication** **Treatment of frontal sinusitis**

Case 36: A 40 year old male presented to the ENT clinic with a swelling in the right upper neck of 2 months duration. The swelling was non-tender, firm and progressively increased in size. After a complete ENT examination there was a right conductive hearing loss and a retracted tympanic membrane. Also, there was right vocal fold paralysis and on swallowing there was also some nasal regurge. The patient gave a history of an offensive sanguineous post nasal discharge.

CASE 36	
Diagnosis & reasons	**Nasopharyngeal carcinoma with right upper deep cervical lymph node metastasis (early presentation by right upper deep cervical lymph node metastasis, right conductive hearing loss, right retracted tympanic membrane, offensive sanguineous post nasal discharge)**
Explain the following manifestations	**Right conductive hearing loss and retracted tympanic membrane: due to nasopharyngeal carcinoma destroying the nasopharyngeal orifice of the eustachian tube causing poor aeration of the middle ear causing otitis media with effusion** **Right vocal fold paralysis: due to involvement of the vagus nerve by the nasopharyngeal carcinoma as the nerve passes just lateral the nasopharyngeal wall** **Nasal regurge: paralysis of the vagus high up in the neck close to the skull base leads to paralysis of its pharyngeal branch that supplies the palate this palatal paralysis causes nasal regurge**
Further examination &/or investigations	• **CT scan to see the extent of the malignancy and lymph node metastasis** • **Nasopharyngoscopy and biopsy** • **Audiogram and tympanogram**
Treatment	**Radiotherapy for the primary tumor and the metastsis** **Radical neck dissection for the residual metastatic lymph nodes**

	after radiotherapy Myringotomy and T-tube insertion of the right tympanic membrane to relieve otitis media with effusion

Case 37: A 50 year old female has been complaining of dysphagia for 3 years. The dysphagia was towards solids and stationary in nature. 2 months ago the dysphagia progressed to become absolute, there was a change of voice and some respiratory distress. On examination there was a firm swelling in the neck that was not tender.

CASE 37	
Diagnosis & reasons	Plummer Vinson disease (dyspahgia towards solids stationary in nature for 3 years) complicated by hypopharyngeal carcinoma (progression of dysphagia in the last two months to become absolute) with lymph node metastasis (firm non-tender swelling in the neck)
Explain the following manifestations	Dysphagia of 3 years duration: due to Plummer Vinson disease that causes inflammation and fibrosis of the hypopharyngeal and esophageal walls leading to the formation of webs that cause dysphagia Progression of dysphagia: Plummer Vinson disease is premalignant progression of dysphagia means development of malignancy Change of voice and respiratory distress: means involvement of the larynx or the recurrent laryngeal nerves by the malignancy
Further examination &/or investigations	• Indirect laryngoscopy: froth in the region of the hypopharynx, a mass may be seen in the post cricoid, posterior pharyngeal wall or the pyriform fossa and may be laryngeal involvement • Direct hypopharyngoscopy and biopsy • CT scan • Barium swallow • General investigation for the patients condition
Treatment	Total laryngopharyngectomy if the patient's general condition permits with radical neck dissection for the lymph node metastasis Radiotherapy for inoperable cases Chemotherapy Palliative treatment for terminal cases

Case 38: A 25 year old male presented to the ENT emergency room with severe right side throat pain, inability to swallow, accompanied by right earache of 2 days duration. The patient was unable to open his mouth and was feverish 40 C. On examination there was a tender swelling at the angle of the mandible. The patient gave a history of sore throat and fever 39 C during the last week.

CASE 38	
Diagnosis & reasons	Acute tonsillitis (history of sore throat and fever) complicated by right peritonsillar abscess – quinzy (right sided throat pain, inability to swallow and to open the mouth, fever 40 C)
Explain the following manifestations	Right sided throat pain: due to the collection of pus in the peritonsillar pain that causes immense throbbing pain Inability to swallow: marked dysphagia accompanying the quinzy that may lead to drooling of saliva from the mouth

	Right earache: refered pain along the glossopharyngeal nerve (Jackobsen's nerve) **Unable to open the mouth: trismus caused by spasm of the medial pterygoid muscle present lateral to the peritonsillar abscess** **Tender swelling at the angle of the mandible: inflammed jugulodigastric lymphadenitis**
Further examination &/or investigations	• **Complete blood picture with leucocytic count**
Treatment	**Drainage of the quinzy** **Antibiotic therapy for the quinzy and acute tonsillitis** **Tonsillectomy after 2-3 weeks is an absolute indication**

Case 39: A 3 year old child suddenly developed respiratory distress fever 38 C and biphasic stridor. In the ENT emergency room an immediate surgical procedure was done after which there was complete relief of the respiratory distress and the child received the necessary medical treatment. On the next morning the respiratory distress recurred and the attending physician carried out an immediate minor interference that relieved the distress immediately. 2 days later the child was discharged from hospital in a healthy condition.

CASE 39	
Diagnosis & reasons	**Acute laryngitis (respiratory distress, biphasic sridor, fever, complete relief by tracheostomy)**
Explain the following manifestations	**Biphasic stridor: means stridor in both inspiration and expiration caused by lesions in the larynx and the trachea if the condition is accompanied by cough it is acute laryngotracheobronchitis – croup** **Surgical procedure: is tracheostomy to relieve the respiratory distress** **Necessary medical treatment: in such a condition it is mainly steroids to relive the laryngeal edema** **Recurrence of respiratory distress after tracheostomy: due to tube obstruction by viscid secretions**
Further examination &/or investigations	• **Close observation of the patient** • **Examine the heart condition as respiratory distress in children is commonly accompanied by heart failure** • **Chest X-ray**
Treatment	**Close observation of the patient in intensive care unit** **Oxygenation by humidified oxygen** **Steroids** **Mucolytics** **Antibiotics to prevent secondary infection**

Case 40: A 60 year old heavy smoker has been complaining of hoarseness of voice for 3 years. Lately he noticed worsening of his voice and a mild respiratory distress on exertion. There was also cough and some blood tinged sputum. On laryngeal examination a whitish irregular mass was found on the right vocal fold that was found also paralysed.

CASE 40	
Diagnosis &	**Right glottic (laryngeal) carcinoma (hoarseness of voice that is**

reasons	worse, mild respiratory distress, cough and blood tinged sputum, whitish irregular mass and the vocal fold is paralysed) the condition followed the original precancerous condition of leucoplakia (hoarseness of voice of 3 years duration in a heavy smoker)
Explain the following manifestations	Mild respiratory distress on exertion: due to the presence of the glottic cancer that may cause narrowing of the laryngeal lumen Blood tinged sputum: carcinoma of the vocal fold may lead to destruction of the fine blood vessels on the vocal fold leading to some bleeding Whitish irreguar mass: white because of hyperkeratosis of the non keratinized vocal fold epithelium due to malignancy irregular because of the fungating mass Vocal fold paralysis: indicates spread of the malignant lesion to involve either the nerve, muscle supply of the right vocal fold that is a deep invasion of the vocal fold, also vocal fold fixation may occur if the cricoarytenoid joint is involved
Further examination &/or investigations	• Direct laryngoscopy and biopsy • CT scan • Chest X-ray • General investigations
Treatment	Surgical: total laryngectomy (because ther is a fixed vocal fold) achieves very good results Radiotherapy Palliative treatment if the condition is terminal

Case 41: A 70 year old male had loosening of the upper left molar tooth which was extracted followed by loosening of the next 2 teeth. Healing was very slow at the site of extraction and was attributed to his old age. One month later, the patient on blowing his nose noticed left side offensive nasal discharge. He also noticed that his left nasal cavity was slightly obstructed. He now presented with a swelling of the left upper neck that was explained by his dentist as an inflammatory lymph node, but it did not disappear by medical treatment.

CASE 41	
Diagnosis & reasons	Left cancer maxilla (loosening of teeth, absence of healing at the site of tooth extraction, left sided offensive purulent nasal discharge) with left upper deep cervical lymph node metastasis (swelling of the left upper neck not responding to treatment
Explain the following manifestations	Loosening of the upper left molar teeth: due to destruction of the roots of the teeth and their blood supply by the malignancy in the left maxillary sinus Offensive nasal discharge: due to infection on the necrotic malignant tissue Left nasal obstruction: because of the extension of the malignancy from the maxillary sinus to the nasal cavity Swelling in the left upper neck: lymph node metastasis a common presentation in cancer maxilla sometimes it is the first presentation as the maxillary sinus is one of the silent areas of the head and neck where the secondary malignant nodes may clinically present before the primary site of the tumor
Further examination	• Nasal endoscopy and biopsy • CT scan

&/or investigations	• General investigations
Treatment	Surgical excision by radical maxillectomy and radical neck dissection Radiotherapy for inoperable cases Chemotherapy for certain tumors Palliative treatment for terminal cases

Case 42: A 60 year old female patient has been complaining of left earache of 3 months duration. One month ago a swelling appeared in the left side of the neck that progressively increased in size. 2 days ago she complained of change of her voice together with dysphagia. On indirect laryngoscopy there was froth in the region behind the larynx.

CASE 42	
Diagnosis & reasons	Left pyriform fossa malignancy (left earache, change in voice and dysphagia, froth behind the larynx) with lymph node metastasis (swelling on the left side of the neck progressively increasing in size)
Explain the following manifestations	Left earache: due to the presence of a malignant ulcer in the left pyriform fossa causing referred earache along the vagus nerve (Arnold's nerve) Swelling that progressively increased in size: lymph node metastasis from the primary tumor the pyriform fossa that is considered one of the silent areas of the head and neck that present with the secondary metastatic nodes before the clinical presentation of the primary tumor Dysphagia: due to progression of the tumor to involve the postcricoid area and may be the other pyriform fossa leading to obstruction of the laryngopharynx dysphagia is more to solids and later becomes to all swallowed food that is an absolute dysphagia Froth in the region behind the larynx: due to the enlarged tumor this froth is saliva that is difficult to swallow and accumulates in the hypopharynx behind the larynx
Further examination &/or investigations	• Direct laryngoscopy and hypopharyngoscopy and biopsy • CT scan • Barium swallow • Chest X-ray • General investigations
Treatment	Total laryngopharyngectomy with radical neck dissection Radiotherapy for inoperable cases Chemotherapy for certain tumors Palliative treatment for terminal cases

Case 43: A 60 year old male patient complained of bilateral hearing loss. The patient underwent a minor procedure in an ENT clinic followed immediately by return of his hearing. 2 days later he complained of severe pain in both ears more on the right side. The pain increased on talking and eating and was slightly relieved by analgesics. 2 days later a tender non-fluctuant well circumscribed swelling appeared behind the right auricle.

CASE 43	
Diagnosis &	Right furunculosis (pain in the right ear, increased on talking and

reasons	eating, tender non-fluctuant swelling behind the right auricle)
Explain the following manifestations	Initial bilateral hearing loss: a common cause that is removed by a minor procedure that is ear wash is bilateral ear wax Severe pain in both ears: diffuse external otitis caused by the ear wash if not carried out under aseptic conditions Pain increased on talking and eating: furuncle is present in the cartilaginous external auditory canal that moves with movements of the jaw and so pain increases Tender non-fluctuant well circumscribed behind the right auricle: due to lymphadenitis of the postauricular lymph node
Further examination &/or investigations	• Audiogram if hearing loss persists • Investigations for diabetis if furuncle recurrs
Treatment	Antibiotics Analgesics Local antibiotic and hygroscopic agents Control of diabetis if present

Case 44: A 50 year old female has been complaining for 10 years of a right forehead headache and intermittent nasal discharge. 2 months ago she noticed a swelling above and medial to the right eye. This was followed by double vision. When she sought medical advice she noticed that nasal discharge had completely stopped. She received medical treatment with no improvement. She was admitted to hospital with a very high fever 40 C, neck rigidity and impaired level of consciousness and continuous forcible vomiting. Vision is blurred.

CASE 44	
Diagnosis & reasons	Chronic right frontal sinusitis (right forehead headache, intermittent nasal discharge) followed by right frontal mucopyocele (swelling above and medial to the right eye, double vision) complicated by meningitis (very high fever 40 C, neck ridgidity, forcible vomitimg, impaired level of conciousness, blurred vision)
Explain the following manifestations	Double vision: the mucopyocele of the right frontal sinus pushed the eye globe outwards downwards and laterally causing distortion of the visual axis and diplopia the patient tries to correct the visual axis by tilting the head and neck called optical torticollis Nasal discharge had completely stopped: due to obstruction of the duct of the frontal sinus due to formation of the mucopyocele Forcible vomiting: meningitis causes increased intracranial tension with pressure on the chemoreceptor trigger zone in the brainstem leading to projectile forcible vomiting Blurred vision: increased intracranial tension due to meningitis causes papilledema of the optic disc
Further examination &/or investigations	• Lumbar puncture will show turbid CSF under tension that will diagnose meningitis when analysed • CT scan to diagnose the frontal mucopyocele • Complete blood picture
Treatment	Antibiotics that cross the blood brain barrier Brain dehydrating measure as diuretics, mannitol 10%

	Corticosteroids **After cure from meningitis excision of the mucopyocele surgically through external approach**

Case 45: A 50 year old female underwent surgery to remove a swelling in the neck that moved up and down with deglutition. Following surgery she started to complain of a very weak voice and choking especially when drinking fluids. 2 weeks later the condition improved and a month later she had no symptoms.

CASE 45	
Diagnosis & reasons	**Thyroidectomy (surgery to remove a swelling that moves up and down with deglutition) complicated by injury of the recurrent laryngeal nerve causing vocal fold paralysis (weak voice, choking) followed by compensation from the other healthy vocal fold or recovery of the paralyzed vocal fold (improved condition)**
Explain the following manifestations	**Swelling moved up and down with deglutition: is a thyroid swelling as the thyroid gland is attached to the larynx with the pretracheal fascia and the larynx moves up and down with deglutition** **Choking with fluids: the larynx is the sphincter of the airway when the vocal fold is paralysed after injury in surgery some fluids during drinking may find their way into the airway causing cough with some respiratory distress called choking** **Improved conditon: is due to the compensation by the other non-paralyzed vocal fold that is able to move closer to the paralyzed vocal fold and so the larynx is closed during swallowing**
Further examination &/or investigations	• **Indirect laryngoscopy for follow-up** • **Laryngeal electromyography** • **Laryngeal stroboscopy**
Treatment	**Follow up the condition for at least a year – compensation usually occurs** **Vocal fold injection by fat or teflon by microlaryngosurgery for cases that do not improve**

Case 46: A 10 year old child was taken to the emergency room complaining of left frontal headache and a mild orbital swelling. He had a severe common cold a week before. On examination he was feverish 38 C with left proptosis and decrease in extreme left lateral gaze. No chemosis and visual acuity 6/6 in both eyes. The patient was admitted and antibiotics started; WBC count 20,000. On the following day, the patient's condition became worse, fever became 39.5 C, the eye swelling increased, still there was no chemosis, visual acuity 6/9 in the left eye and there was marked photophobia.

CASE 46	
Diagnosis & reasons	**Common cold complicated by left frontal sinusitis (left frontal headache) further complicated by left orbital periosteitis and left subperiosteal orbital abscess (mild orbital swelling, fever 38 C, left proptosis) finally complicated by orbital cellulitis (worse condition, increased eye swelling, fever 39 C) and optic neuritis (marked photophobia and drop in visual acuity)**
Explain the following manifestations	**Decrease in extreme left lateral gaze: due to the subperiosteal abscess the eye is pushed outwards, downwards and laterally against the lateral orbital wall and so eye movement in that**

	direction is hindered by the orbital wall **No chemosis: means no cavernous sinus thrombosis** **WBC count 20,000: indicates the presence of suppuration in the form of an abscess** **Visual acuity 6/9 and marked photophobia: indicates the start of optic neuritis as a complication of orbital cellulitis**
Further examination &/or investigations	• **CT scan** • **Ophthalmic examination** • **Fundus examination** • **Follow up leucocytic count**
Treatment	**Antibiotics** **Analgesics** **Drainage of orbital abscess either through external approach or endoscopic endonasal approach**

Case 47: A 65 year old male patient had a swelling polypoid in nature in the left nasal cavity, diagnosed by many physicians as a unilateral nasal polyp. He also complained of left decreased hearing and tinnitus. One week ago, a very small swelling appeared in the neck on the left side. The swelling was not tender and firm.

CASE 47	
Diagnosis & reasons	**Nasopharyngeal carcinoma (left decreased hearing and tinnitus, polypoid swelling in the nose) with lymph node metastasis (left small neck swelling that is non tender and firm)**
Explain the following manifestations	**Polypoid swelling in left nasal cavity: due to nasopharyngeal carcinoma the lymphatics draining the nose through the nasopharynx are obstructed causing lymphedema in the nasal mucosa leading to the formation of a polyp this is a secondary lymphatic polyp that if biopsied does not contain malignant tissue so in every case with a polypoid swelling in the nose especially in an adult must examine the nasopharynx for a hidden malignancy** **Decreased hearing and tinnitus: due to eustachian tube destruction by the nasopharyngeal carcinoma leading to otitis media with effusion** **Non tender firm neck swelling: lymph node metastasis**
Further examination &/or investigations	• **Otologic examination: retracted tympanic membrane and fluid behind the drum membrane** • **Nasopharyngoscopy and biopsy** • **CT scan** • **Audiogram and tympanogram**
Treatment	**Radiotherapy for primary nasopharyngeal lesion and metastatic lymph nodes** **Radical neck dissection for residual lymph nodes after radiotherapy** **Myringotomy and T-tube insertion** **Nasal polypectomy**

Case 48: A 35 year old male patient has been complaining of left continuous offensive otorhea that was purulent in nature for the last 10 years. Recently he suffered from deep seated pain behind the left eye with diplopia. Ear examination

revealed a marginal pars flaccida (attic) perforation filled with keratin and surrounded by granulations.

CASE 48	
Diagnosis & reasons	Left chronic suppurative otitis media – cholesteatoma (continuous offensive purulent otorhea of 10 years duration, marginal attic perforation filled with keratin and surrounded by granualtion tissue) complicated by petrous apicitis (diplopia and depp seated pain behind the left eye)
Explain the following manifestations	Continuous offensive purulent otorhea: so long as there is a cholesteatoma these manifestations are present due to infection in the cholesteatoma sac the discharge is offensive because of bone necrosis and infection by pseudomonas organism Deep seated eye pain: this is a trigeminal neuralgia due to affaction of the trigeminal ganglion as it is present in the trigeminal fossa on the upper surface of the petrous apex Diplopia: due to paralysis of the abducent nerve by the inflammation in the petrous apex as the nerve passes through Dorello's canal causing paralysis of the lateral rectus muscle leading to medial convergent paralytic squint (Ear discharge + abducent paralysis + trigeminal pain = Gardenigo's triade diagnostic for petrous apicitis) Marginal attic perforation: cholesteatoma causes marginal perforation as it causes erosion of the tympanic sulcus and the perforation is present in the attic as the pars flaccida easily retracts causing a cholesteatoma formation
Further examination &/or investigations	• CT scan of the petrous apex • MRI • Audiogram • Culture and antibiotic sensitivity of the ear discharge
Treatment	Antibiotics Removal of cholesteatoma by tympanomastoidectomy

Case 49: A 16 year old boy was struck in the left temporal region during a motor car accident. He was hospitalized for observation because of altered state of consciousness that subsequently cleared. On examination of his ears there was a serosanguineous otorhea from the left ear. Otologic consultation by a specialist was obtained on the third day and additional findings included lateralized Weber test to the left ear and Rinne negative test also in the left ear. Under sterile conditions ear examination showed a laceration in the posterosuperior wall of the external auditory canal with a tympanic membrane perforation. A small amount of the serosanguineous fluid was present. Facial nerve function was normal. A few days later the patient became feverish 39.8 C, irritable with a change in his level of consciousness.

CASE 49	
Diagnosis & reasons	Longitudinal fracture of the left temporal bone (trauma to the left temporal region,bloody ear dischage, conductive hearing loss by Weber and Rinne test, perforation of the tympanic membrane, laceration of the posterosuperior wall of the external auditory canal) with CSF otorhea (serosanguineous aotorhea) complicated by meningitis (fever 39.8 C, irritable, change in the level of conciousness)
Explain the following	Serosanguineous otorhea: means a clear fluid that is blood tinged, this is CSF as the condition is later complicated by

manifestations	**meningitis – to prove that it is CSF it increases by straining and laboratory tests for levels of glucose and proteins** **Lateralized Weber test to the left and Rinne test negative: means bone conduction is better than air conduction and so the patient is suffering from conductive hearing loss** **Irritable patient: indicating meningeal inflammation which in its early stages is accompanied by some encephalitic inflammation leading to irritability**
Further examination &/or investigations	• **CT scan temporal bone to delineate the fracture** • **Chemical and cellular examination of the fluid coming out of the ear** • **Lumbar puncture in the stage of meningitis** • **Audiogram to evaluate the hearing condition**
Treatment	**Antibiotic that crosses the blood brain barrier for the condition of meningitis** **Repeated lumbar puncture for meningitis and to control CSF otorhea** **Semisitting position, avoid straining, diuretics to control CSF otorhea** **If spontaneous healing and stoppage of CSF otorhea does not occur in a period of 3 weeks them surgical intervension to seal the region of the CSF leak which most probably will be the middle cranial fossa dura at the roof of the middel ear or mastoid** **Tympanoplasty for tympanic membrane perforation and ossiculoplasty for disrrupted ossicles in there is no spontaneous healing in 2-3 months**

Case 50: A 25 year old male is complaining of intermittent mucopurulent discharge from the right ear of 3 years duration. Suddenly 2 weeks ago he developed very high fever together with diminution of his ear discharge. One week ago he accounted for the appearance of a red, hot, tender and fluctuant swelling in the upper neck below the right ear. He received medical treatment with no improvement of his condition.

CASE 50	
Diagnosis & reasons	**Right chronic suppurative otitis media – tubotympanic type (intermittent mucopurulent ear discharge of 3 years duration) complicated by mastoiditis (high fever with diminution of ear discharge) followed by a mastoid abscess – von Bezold's infra auricular abscess (red hot tender fluctuant swelling below the right ear in the neck that does not improve with medical treatment)**
Explain the following manifestations	**Intermittent mucopurulent otorhea: an indication of tubotympanic suppurative otitis media where the discharge contains mucus and may dry up sometimes** **Very high fever with diminution of ear discharge: Reservoir sign an indication of the occurrence of mastoiditis** **Red hot tender fluctuant swelling in the upper neck below the right ear: due to escape of pus from the mastoid process along the deep surface of the sternomastoid muscle – fluctuant means the presence of an abscess cavity** **No improvement of the condition with medical treatment: the condition requires surgical drainage and a mastoidectomy to**

	clear the infection in the mastoid
Further examination &/or investigations	• **CT scan** • **Complete blood picture especially leucocytic count** • **Audiogram** • **Culture and antibiotic sensitivity test for the ear discharge**
Treatment	**Drainage of the abscess in the neck** **Mastoidectomy to clear the mastoid from infection** **Myringotomy if the tympanic membrane perforation is small to help draining the middel ear** **Antibiotics following surgery according to culture and sensitivity test** **Tympanoplasty at a later stage after infection subsides**

Case 51: A male patient 54 years old began to experience difficulty in swallowing of solid food with a sensation of arrest of food at the root of the neck. 2 months later, the difficulty in swallowing included fluids as well. Recently he felt a change of voice together with difficulty in breathing.

CASE 51	
Diagnosis & reasons	**Malignancy of the hypopharynx or the esophagus (progressive dysphagia, development of change of voice and difficulty in breathing)**
Explain the following manifestations	**Sensation of arrest of food in the root of the neck: occurs with obstruction of the alimentary tract at the level of the lower hypopharynx but commonly with esophageal obstruction** **2 months later difficulty in swallowing included fluids as well: indicating a progressive dysphagia of a mechanical obstructive nature by a mass lesion that starts towards solids and progresses to include fluids later on** **Change of voice accompanied by difficulty in breathing: could be due to extension of the tumor to mechanically obstruct the airway or due to recurrent laryngeal paralysis bilaterally causing laryngeal paralysis and change of voice**
Further examination &/or investigations	• **CT scan of the neck** • **MRI of the neck** • **Barium swallow pharynx and esophagus** • **Hypopahryngoscopy or esophagoscopy and biopsy** • **General investigations to assess general condition of the patient**
Treatment	**Surgical excision (total laryngopharyngectomy with esophagectomy and stomach pull up operation)** **Radiotherapy** **Chemotherapy** **Pallaitive treatment**

Case 52: A 9 year old child was brought to the emergency having headache and vomiting. The attending physician examined him and found neither surgical nor medical gastrointestinal causes for such vomiting. Temperature was 38 C and blood picture revealed leucocytosis. A neurologist was consulted who discovered slowness of speech and weakness in the right upper limb. The patient's parents reported that he has been staggering for the last 2 weeks. They also reported right offensive ear discharge since early childhood. Otologic

examination showed a left retracted tympanic membrane and a right red fleshy pedunculated mass with an offensive otorhea.

CASE 52	
Diagnosis & reasons	Right chronic suppurative otitis media – cholesteatoma (right offensive ear discharge since early childhood, red fleshy pedunculated mass) complicated by right cerebellar abscess (weakness of the right upper limb, staggering, headache and vomiting) and left otitis media with effusion (left retracted tympanic membrane)
Explain the following manifestations	Headache and vomiting with no surgical or gastrointestinal cause: the cause is increased intracranial tension due to the cerebellar abscess Temperature 38 C: usually fever with a brain abscess is not so high and maybe subnormal in some instances due to pressure on the heat regualting center Leucocytosis: is diagnostic for the presence of an abscess Slowness of speech: slurred speech occurs in cerebellar attaxia due to incoordination of the muscles responsible for speech Right upper limb weakness: weakness due to hypotonia in cerebellar lesions is on the same side as the pathology in the cerebellum namely the abscess Staggering: incoordination of the muscles for posture leads to staggering and a sensation of vertigo Left retracted tympanic membrane: due to an associated otitis media with effusion in the left middle ear Right fleshy pedunculated mass: an aural polyp occurring with the cholesteatoma in the right ear
Further examination &/or investigations	• Neurologic examination: finger nose test, knee heel test, dysdiadokokinesia • CT scan with contrast to show the cerebellar abscess • Audiogram and tympanogram • Follow up leucocytic count • Fundus examination • No lumbar puncture as this might lead to brainstem conization
Treatment	Drainage or excision of the abscess through a neurosurgical approach Tympanomastoidectomy for cholesteatoma Antibiotics that cross the blood brain barrier Brain dehydrating measures to lower the increased intracranial tension

Case 53: A laborer fell down from a height and lost consciousness. On examination, he was found comatose with bleeding from the right ear. Few days later he recovered his consciousness and the bleeding from his ear stopped but a clear watery fluid continued pouring from the ear especially on straining. This watery otorhea continued for one month during which he developed recurrent attacks of fever and headache that recovered with medical treatment and a minor procedure. One of these attacks was characterized by rigors and tender enlarged right upper deep cervical lymph nodes.

CASE 53	
Diagnosis &	Longitudinal fracture of the right temporal bone (fall from height,

reasons	**bleeding from the right ear) with right CSF otorhea (watery otorhea especially with straining) complicated by recurrent meningitis (fever, headache recovered with medical treatment and minor procedure – lumbar puncture) the last attack is lateral sinus thrombophlebitis (fever rigors and tender enlarged upper deep cervical lymph nodes)**
Explain the following manifestations	**Bleeding from the ear: due to fracture in the external auditory canal and torn tympanic membrane** **Watery otorhea that increased with straining: CSF flow increases with straining due to increased CSF pressure with straining** **Minor procedure: is lumbar puncture that causes temporary relief of headache in cases of meningitis due to lowering of the intracranial tension** **Rigors: infection has reached the blood** **Tender enlarged upper deep cervical lymph nodes: inflammed nodes due to inflammed internal jugular vein**
Further examination &/or investigations	• **Blood culture** • **Leucocytic count** • **CT scan** • **Laboratory examination of fluid pouring out of the ear** • **Audiogram**
Treatment	**Intravenous antibiotics** **Anticoagulants** **Surgical sealing of the CSF leak from the ear** **Internal jugular vein ligation if the lateral sinus thrombophlebitis is not controlled properly by medial treatment**

Case 54: A 25 year old male patient complained of sore throat fever and bilateral earache of 3 days duration. He then developed very high fever 40 C, severe left earache, inability to open the mouth, drooling of saliva and a minimal difficulty in respiration. He underwent a minor surgical intervention with relief of all symptoms except the sore throat.

CASE 54	
Diagnosis & reasons	**Acute follicular tonsillitis (sore throat, fever and bilateral earache) complicated by left peritonsillar abscess – quinzy (high fever 40 C, localized left earache, inability to open the mouthand drooling of saliva)**
Explain the following manifestations	**Severe left earache: referred along the 9th cranial nerve – glossopharyngeal nerve along its tympanic branch – Jackobsen's nerve** **Inability to open the mouth: trismus caused by the peritonsillar abscess irritating the medial pterygoid muscle that goes into spasm** **Drooling of saliva: due to marked dysphagia caused by quinzy the patient is unable to swallow his own saliva that pours out of his mouth** **Minor surgical intervention with relief of all symptoms: drainage of the quinzy** **Relief of all symptoms except sore throat: as there is still acute tonsillitis that needs to be treated medically**
Further examination	• **Complete blood picture** • **Leucocytic count**

&/or investigations	• General investigations in preparation for tonsillectomy • CT scan or MRI
Treatment	Drainage of the quinzy Medical treatment for acute tonsillitis Tonsillectomy is indicated after 2-3 weeks

Case 55: A 60 year old female had a severe attack of epistaxis blood came from both nostrils. She received the proper management and the bleeding stopped. After removal of the nasal packs, she had severe frontal headache on the left side accompanied by rise in her temperature and a small amount of an offensive nasal discharge. 2 days later the temperature became higher 40 C, there was impaired consciousness, vomiting, blurring of vision and some neck retraction and backache.

CASE 55	
Diagnosis & reasons	Epistaxis commonly due to hypertension (common cause in adults) the packs caused nasal infection (offensive nasal discharge) and left acute frontal sinusitis (severe frontal headache and rise in temperature) finally complicated by meningitis (rise of temperature 40 C,impaired conciousness, vomiting and blurring of vision, neck retraction and backache)
Explain the following manifestations	Offensive nasal discharge: any nasal packing must be associated with antibiotic therapy to prevent nasal infection causing the offensive nasal discharge Blurring of vision: increased intracranial tension causing papilledema Impaired conciousness: due to increased intracranial tension and some encephalitis Vomiting: due to increased intracranial tension with pressure on the chemoreceptor trigger zone Neck retraction and backache: the meninges are inflammed and so the patient is unable to stretch the meninges in the vertebral column leading to neck retraction and backache
Further examination &/or investigations	• Lumbar puncture • CT scan • Complete blood picture • Culture and antibiotic sensitivity test for the offensive nasal discharge
Treatment	Antibiotics that cross the blood brain barrier Lowering the increased intracranial tension by repeated lumbar puncture, diuretics, steroids and mannitol 10% Surgical drainage of the frontal sinus either endoscopically or directly if the medical treatment fails to control the infection Treatment of the underlying cause for epistaxis commonly systemic hypertension

Case 56: A 40 year old female was having an offensive purulent ear discharge from the right ear for the last 5 years. Recently, she started to suffer from dizziness on sudden change of head position only. This was described as a momentary feeling of rotation following head movement. Otologic examination revealed a right posterosuperior marginal perforation with a scanty offensive discharge. Rinne test positive and Weber centralized.

CASE 56

Diagnosis & reasons	**Right chronic suppurative otitis media – cholesteatoma (offensive purulent otorhea for 5 years, right posterosuperior marginal perforation with a scanty offensive discharge) complicated by a labyrinthine fistula in the lateral canal (dizziness, feeling of rotation with head movement)**
Explain the following manifestations	**Sense of rotation following head movement only: with head movement the cholesteatoma in the middel ear moves causing pressure on the fistula created in the lateral semicircular canal by erosion leading to stimulation of a healty inner ear causing this sense of vertigo** **Rinne test positive: means air conduction better than bone conduction that is normal as there is no destruction of the inner ear and no sensorineural hearing loss, also the cholesteatoma bridges the ossicular gap and transmits sound to the oval window and so ther is no conductive hearing loss as well that is why Weber test is centralized**
Further examination &/or investigations	• **Fistula test by creating pressure in the external auditory canal (finger pressure or siegle pneumatic otoscope) the patient experiences vertigo and clinically nystagmus is noticed in his eyes** • **CT scan to detect the lateral canal fistula** • **Audiogram to verify the tuning fork tests** • **Balance tests**
Treatment	**Tympanomastoidectomy to remove cholesteatoma and seal the lateral canal fistula**

Case 57: A 7 year old boy was seen by an ophthalmologist for headache that has been present for the last few months. Headache was maximum between the eyes. However, there was no occular cause for such a headache. The child was referred to an ENT specialist who noticed nasal intonation of voice and bilateral nasal obstruction. The mother reported that her child snores during his sleep and has repeated attacks of chest infection.

CASE 57	
Diagnosis & reasons	**Adenoid enlargement (bilateral nasal obstruction, nasal intonation of voice, snoring)**
Explain the following manifestations	**Headache between the eyes: could be because of complicated ethmoiditis that causes pain between the eyes or due to the hypoxia of the child especially during sleep because of snoring** **Nasal intonation of voice: due to nasal obstruction causing rhinolalia clausa in which the letters m is pronounced as b** **Snoring: due to nasal obstruction and so the child is a mouth breather during his sleep and this causes vibrations of the soft palate and snoring** **Repeated attacks of chest infection: due to nasal obstruction the child is a mouth breather and air inspired is not cleaned or conditioned by the nose and so causes chest infection, also the enlarged adenoid is infected and causes a descending chest infection**
Further examination &/or investigations	• **X-ray lateral view skull to show the enlarged adenoid and the narrowed or obstructed airway** • **Otoscopic examination, audiogram and tympanogram to detect if there is otitis media with effusion**

	• General hematological investigations especially for bleeding tendancy in preparation for surgery
Treatment	Adenoidectomy

Case 58: A 20 year old female complained of severe sore throat of 20 days duration. On examination she showed the presence of ulcers and dirty membranous lesions in the oropharynx and the oral cavity. She gave a history of having typhoid fever 2 weeks prior to the present condition for which she received antibiotic therapy and was still receiving injections of that antibiotic.

CASE 58	
Diagnosis & reasons	Agranulocytosis caused by the famous antibiotic used for typhoid fever namely chloramphenicol (sore throat for 20 days, ulcers covered by dirty mambranous lesions in the oral cavity and the oropharynx)
Explain the following manifestations	Sore throat of 20 days duration: agranulocytosis due to a marked decrease in the granulocytes caused diminished local oral immunity causing a sore throat Ulcers with dirty membranous lesions: due to decreased immunity in the oral cavity and the oropharynx the pathogens (bacteria and fungi) present in these spaces start to attack the mucous membrane causing ulcers covered by membranes of necrotic mucosa that do not have a hyperemic margin
Further examination &/or investigations	• Complete blood picture with total and differential leucocytic count • Hematological investigation to exclude primary agranulocytosis due to other causes as leukemia • Follow up hematological analysis
Treatment	Stop the antibiotic given immediately Patient isolation in a special units in a hospital Fresh blood transfusion Bone marrow transplantation in rare resistant cases

Case 59: A 17 year old male complained of severe epistaxis and was packed to control bleeding. Finally a posterior nasal pack was applied with difficulty and after its removal the bleeding recurred again in a more severe manner. He also complained of nasal obstruction more on the right side together with decreased hearing in the right ear. One month later he developed proptosis of the right eye with no limitation of movement and no affection of vision. There was no swelling in the neck.

CASE 59	
Diagnosis & reasons	Angiofibroma (severe recurrent epistaxis in a 17 year old MALE, nasal obstruction on the right side, proptosis)
Explain the following manifestations	Recurrent severe epistaxis: the angiofibroma is a highly vascular benign tumor that is made up of blood sinusoidal spaces and easily bleeds severely Decreased hearing in the right ear: the angiofibroma causes right eustachian tube obstruction leading to otitis media with effusion and subsequently conductive hearing loss Proptosis with no limitation of movement and no affection of vision: the angiofibroma grows through the inferior orbital fissure and pushes the globe outwards vision is not affected as it does not damage the optic nerve and ther is no limitation of

	eye movement as it does not damage the occular muscles or nerves as the tumor is benign No swelling in the neck: it is a benign tumor that does not cause any metastasis
Further examination &/or investigations	• CT scan with contrast to show the highly vascular tumor • MRI and MRA • Angiography • Excisional biopsy when the tumor is removed completely no punch biopsy should be attempted once the tumor is suspected as this may cause severe bleeding
Treatment	Angiographic embolization followed by tumor excision through a facial degloving approach or other approaches as the transpalatal, transmaxillary or transnasal

Case 60: A 50 year old male patient suffered from a stroke and was comatose. He was admitted to hospital where he was intubated and artificially ventilated. He recovered 25 days later and was discharged from hospital. Upon discharge he only suffered from right body weakness, a change of his voice and some dysphagia.

CASE 60	
Diagnosis & reasons	Stroke complicated by neurologic hemiparesis causing the right body weakness
Explain the following manifestations	Change of voice and dysphagia: as a part of the righ hemiparesis there is also right vocal fold paralysis causing the voice change and right pharyngeal and esophageal paralysis causing the dysphagia
Further examination &/or investigations	• MRI brain • CT scan • Barium swallow • Laryngeal examination
Treatment	Follow up Rehabilitation of the neurological deficits by phoniatric training and physiotherapy

Case 61: A 2 year old developed a runny nose. After 2 days there was an inability to respire followed by severe respiratory distress. He was admitted to a pediatric hospital and received medical treatment and kept under close observation. Then 2 hours later he became cyanosed and the attending ENT surgeon found it necessary to perform a surgical procedure to relieve the respiratory distress. Another 2 hours later the distress recurred but was rapidly corrected by a minor interference by the pediatric interne. 2 days later the child's condition improved remarkably and was discharged from hospital in a healthy condition.

CASE 61	
Diagnosis & reasons	Acute laryngotracheobronchitis – croup (respiratory distress following an atack of common cold runny nose, relief of the respiratory distress by tracheostomy, great improvement of the condition after two days)
Explain the following manifestations	Runny nose: means a catarrhal discharge that occurs with common cold Severe respiratory distress: means dyspnea due to subglottic edema that occurs in the narrow larynx of a 2 year old child causing mechanical obstruction of the airway

	Medical treatment: used in this case is steroids to relieve the edema in the larynx Surgical procedure to relieve respiratory distress: tracheostomy indicated with marked stridor, marked tachycardia, or signs of respiratory failure as low oxygen saturation Minor interference: the tracheostomy tube is obstructed by secretions that wre sucked out using a suction machine Improved condition in two days: croup is a viral infection that is of short duration if treated properly
Further examination &/or investigations	• Other symptoms: mild fever, cough • Check the heart if there is tachycardia this is a sign of heart failure • Laryngeal examination • Chest X-ray
Treatment	Medical treatment: steroids, antibiotics, expectorants and mucolytics Tracheostomy If recurrent condition check for the presence of congenital subglottic stenosis by CT scan or direct laryngoscopy

Case 62: A 70 year old male suddenly complained of absolute dysphagia. The barium swallow requested showed arrest of the barium at the midesophagus. Esophagoscopy revealed the presence of a foreign body (piece of meat) that was removed and the patient was discharged from hospital after he could swallow again. One month later he developed jaundice and was readmitted for investigation. During his second hospital stay he started to have attacks of hemoptsys.

CASE 62	
Diagnosis & reasons	Cancer esophagus (common presentation is absolute dysphagia in an old patient)
Explain the following manifestations	Arrest of barium at the midesophagus: due to the presence of the foreign body on top of the malignant lesion causing obstruction of the barium flow Jaundice and hemoptsys: means metastasis of the malignancy of the esophagus to the liver and the lung
Further examination &/or investigations	• Esophagoscopy and removal a foreign body from the esophagus must always be followed after removal of the foreign body by reintroducing the esophagoscope to detect any malignancy and take a biopsy from the abnormal tissue causing narrowing of the esophagus • CT scan • Barium swallow • Chest X-ray • Hepatic functions • General investigations
Treatment	Surgical esophagectomy Radiotherapy Chemotherapy Palliative treatment

Case 63: A 5 year old boy developed change of his voice that was followed by stridor. The stridor was severe enough to necessitate a tracheostomy. 2 years later the tracheostomy site was not fit for respiration, another tracheostomy was done at a lower level. A reddish tissue that was polypoid in nature filled the tracheostomes. The child died a year later when his tracheostomy tube became obstructed at home.

CASE 63	
Diagnosis & reasons	Recurrent respiratory papillomatosis (a resistant condition that ocurrs in children leading to hoarseness and respiratory distress the condition is famous for recurrence especially at the sites of tracheostomies, reddish tissue polypoid in nature)
Explain the following manifestations	Tracheostomy site was not fit for breathing after 2 years: because of recurrent papilloma at the tracheostome causing obstruction of the airway Reddish tissue polypoid in nature: these are the papilloma the can grow to reach large sizes especially in children Died a year later: most probably due to recurrent papilloma at a level lower than that of the tracheostomy causing airway obstruction
Further examination &/or investigations	• Laryngoscopy • Chest X-ray • Biopsy of pappiloma
Treatment	Removal of papilloma by laser microlaryngosurgery Antiviral gamma interferon as the condition is caused by human papilloma virus Tracheostomy in case of severe respiratory distress

Case 64: A 40 year old female is complaining of attacks of lacrimation and watery nasal discharge accompanied by sneezing. She had a severe attack one spring morning that was accompanied by respiratory difficulty and she was admitted to hospital. She received the proper treatment and her condition improved. On examination she had bilateral nasal obstruction by bluish pedunculated masses that were covered by a clear mucous discharge.

CASE 64	
Diagnosis & reasons	Allergic nasal polypi (history of nasal allergy and the presence of bluish pedunculated masses in the nose)
Explain the following manifestations	Lacrimation: nasal allergy is usually accompanied by spring catarrh of the conjunctiva Sneezing: a reflex due to presence of edematous fluid in the nasal mucosa and one of the symptoms of nasal allergy and occurs in the form attacks with nasal obstruction and a watery nasal discharge Attack accompanied by respiratory difficulty: the respiratory difficulty is due to bronchial asthma a common condition associated with allergic nasal polypi as both are a type I hypersensitivity Bluish pedunculated bluish masses: these are the nasal polypi they are bluish because of venous engorgement by the pressure from the edematous fluid in the mucosa
Further examination	• Laboratory tests for type I hypersensitivity: skin tests, RAST, serum IgE

&/or investigations	• CT scan of the nose and the paranasal sinuses to show the extent of the nasal polypi • Nasal endoscopy • Chest X-ray
Treatment	Removal of the nasal polypi by nasal endoscopic surgery and ethmoidectomy Treatment of allergy by avoiding the cause, hyposensitization, local and systemic steroids, antihistamines Avoid aspirin and non-steroidal antinflammatory drugs as they aggrevate the type I hypersensitivity

Case 65: Following a meal a female patient aged 31 complained of severe pain in the right ear together with localized pain in the right side of the neck during swallowing. This pain was relieved by analgesics and local mouth gurgles containing a local anesthetic, but the pain reappeared after the effect of the drugs was over.

CASE 65	
Diagnosis & reasons	Swallowed foreign body like a fish bone (meal, pain in the throat at a certain fixed site relieved by local anesthetics and analgesics)
Explain the following manifestations	Severe pain in the right ear: refeered along the vagus or glossopharyngeal nerve according to the site of the foreign body to the ear Pain relieved by local anesthetics: the local anasthetics anesthetize the site of injury by the foreign body and so the pain disappears but appears again after the effect of the drugs is over
Further examination &/or investigations	• X-ray of the neck to locate the foreign body • Laryngopharyngoscopy
Treatment	Pharyngoscopy and removal of the foreign body

Case 66: A 40 year old male had a tympanoplasty for a chronically discharging ear. During the postoperative period he developed severe headache, blurring of vision and vomiting. This was accompanied later by loss of balance and incoordinated body movements on the side of surgery. His temperature was 37 C, no neck rigidity, but his level of consciousness kept deteriorating day after day.

CASE 66	
Diagnosis & reasons	Chronic suppurative otitis media (chronically discharging ear requiring tympanoplasty) complicated by cerebellar abscess (headache, vomiting, blurring of vision, loss of balance and incoordinated body movements on the same side of the ear)
Explain the following manifestations	Severe headache: due to increased intracranial tension causing stretch of the dura Blurring of vision: due to increased intracranial tension causing papilledema of the optic disc Vomiting: due to increased intracranial tension causing pressure on the chemoreceptor trigger zone Loss of balance: imbalance, vertigo and nystagmus are due to affection of the balance centers in the cerebellum Incoordinated body movements on the side of ear infection: the

	cerebellum is responsible for coordination of body movements on the same side and abscess will cause cerebellar attaxia leading to incoordinated body movements that appear as tremors, failure to perform certain tests as finger nose test when the eye is closed and failure to perform rapid repititive movements – dydiadokinesia **Temperature 37 C: usually with a brain abscess the temperature is normal or even subnormal because of pressure on the heat regulating center** **No neck rigidity: ther is no meningeal inflammation** **Deteriorating level of conciousness: this is stupor that occurs in the advanced case of a brain abscess due to spread of encephalitis**
Further examination &/or investigations	• **Clinical neurological examination for cerebellar attaxia** • **CT scan with contrast to show the abscess the surgery is not the cause of the abscess the abscess was there before the surgery but in a latent quiescent phase and after surgery renewed infection causes it to present in what is called the manifest phase** • **MRI** • **Audiogram**
Treatment	**Antibiotics that cross the blood brain barrier** **Brain dehydrating measures to lower the increased intracranial tension** **Avoid lumbar puncture as this might lead to conization of the brainstem and death** **Drainage or excision of the brain cerebellar abscess according to its stage whether acute or chronic as determined by the CT scan and MRI findings**

Case 67: A 25 year old male complains of right nasal obstruction and right tenderness of the cheek of 2 years duration. Lately he developed gagging especially on lying on his back together with a purulent post nasal discharge. He underwent surgery and his condition improved but recurred again after one year.

CASE 67	
Diagnosis & reasons	**Right chronic maxillary sinusitis (tenderness of the right cheek of 2 years duration) that lead to the formation of an antrochoanal polyp (gagging when lying on the back, purulent post nasal discharge, condition improved after removal of the polyp, possibilty of recurrence with antrochoanal polyps)**
Explain the following manifestations	**Tenderness of the cheek: due to chronic inflammation of the maxillary sinus that might lead to some osteitis of the bony wall causing tenderness** **Gagging on lying on the back: the antrochoanal polyp if large hangs backwards and may irritate the nasopharyngeal mucosa causing gagging** **Purulent post nasal discharge: due to chronic sinusitis causing the hypertrophy of the maxillary sinus mucosa and thus the antrochoanal polyp**
Further examination &/or	• **CT scan paranasal sinus and nose will show an opaque maxillary sinus, a nasal soft tissue mass and a wide sinus ostium**

investigations	• **Culture and antibiotic sensitivity of the nasal discharge**
Treatment	**Excision of the antrochoanal polyp by functional endoscopic nasal and sinus surgery** **Treatment of chronic maxillary sinustis until complete cure to avoid recurrence** **Follow up CT scan** **Local steroid nasal sprays to minimize tissue reaction and hypertrophy of the mucosa and reformation of the antrochoanal polyp**

Case 68: A 20 year old had a submucous resection operation for a deviated nasal septum. The next day he had edema of the eyelids of both eyes. Temperature 38 C and rigors. 2 days later he developed conjunctival chemosis and blurred vision and an inability to see sideways.

CASE 68	
Diagnosis & reasons	**Septal surgery complicated by cavernous sinus thrombosis (fever, rigors, conjunctival chemosis, inability to see sideways)**
Explain the following manifestations	**Fever and rigors: indicates that infection has reached the blood stream in the cavernous sinus** **Conjunctival chemosis: edema and congestion of the conjunctive due to venous obstruction of the veins draining the orbit and conjunctiva** **Bluured vision: due to pupillary paralysis – internal ophthalmoplegia paralysis of the occulomotor nerve as it passes in the wall of the cavernous sinus** **Inability to see sideways: due to paralysis of the extraoccular muscles as their nerves pass in the wall and lumen of the cavernous sinus – occulomotor, trochlear and abducent nerves**
Further examination &/or investigations	• **Complete blood picture to show leucocytosis** • **Blood culture to identify the organism and test for the suitable antibiotic** • **Eye examination especially fundus examination if possible** • **CT scan with contrast**
Treatment	**Intravenous antibiotics** **Anticoagualnts** **Follow up blood picture to notice improvement of condition if the leucocytosis improves**

Case 69: A 16 year old male has been complaining of an offensive continuous ear discharge of 4 years duration. Suddenly he developed double vision and face ache on the same side as the ear discharge.

CASE 69	
Diagnosis & reasons	**Chronic suppurative otitis media – cholesteatoma (offensive continuous discharge of 4 years duration) complicated by petrous apicitis (face ache, double vision and discharging ear called Gradenigo's triade diagnostic for petrous apicitis)**
Explain the following manifestations	**Offensive continuous ear discharge: cholesteatoma causing bone destruction and infection by anerobic organisms** **Double vision: due to paralysis of the abducent nerve as it passes through Dorello's canal in proximity of the petrous apex** **Face ache: due to affection of the trigeminal ganglion in the cavum trigeminale on the upper anterior surface of the petrous**

	apex
Further examination &/or investigations	• **CT scan with contrast** • **Complete eye examination including fundus to exclude other complication as cavernous sinus thrombosis** • **Complete blood picture**
Treatment	**Treatment of the underlying cholesteatoma by removal by tympanomastoidectomy** **Antibiotics** **Rehabilitation of the paralytic lesion in the eye**

Case 70: A 30 year old male had an attack of left severe earache and left loss of hearing together with deviation of the angle of the mouth to the right side and failure to close the left eye. 3 days later, a swelling vesicular in nature appeared in the left external auditory meatus. The condition subsided 10 months later.

CASE 70	
Diagnosis & reasons	**Left lower motor neuron facial paralysis (deviation of the angle of the mouth to the right side and failure to close the left eye) due to Herpes Zoster Oticus – Ramsay Hunt Syndrome (severe earache, hearing loss, vesicular swelling in the left external auditory canal, duration of the illness is 10 months)**
Explain the following manifestations	**Severe earache: before the appearance of the vesicles on the dermatome of the cutaneous branch of the facial nerve the virus of herpes zoster that was dormant in the geniculate ganglion causes severe inflammation of the facial nerve leading to pain and paralysis** **Hearing loss: is a sensorineural hearing loss due to affection of the vestibulocochlear nerve as it passes beside the facial nerve in the internal auditory canal** **Vesicular swelling: appears in the area of the cutaneous dermatome of the facial nerve namely the posterior part of the most lateral part of the external auditory canal, the concha and parts of the auricle; once the vesicular erruption appears the pain starts to subside**
Further examination &/or investigations	• **Investigations of the facial nerve (shirmer test, acoustic reflex, topognostic tests, electroneuronography, electromyography)** • **CT scan to exclude other causes of facial paralysis** • **Audiogram** • **Viral antibody titre**
Treatment	**Antivirals** **Steroids** **Facial nerve exploration and decompression if the electroneuronography shows 90% degeneration of the facial nerve fibers within 3 weeks from the onset of paralysis** **Care of the eye during the paralytic period to prevent lagophthalmus (drops, ointment and bandage during sleep)**

Case 71: A 30 year old male patient has been complaining of an offensive purulent otorhea of the right ear of 3 years duration. A week ago the discharge from the ear became blood stained followed by fever and rigors. 2 days ago the patient developed right edema of the eyelids and double vision and severe

conjunctival chemosis together with a deviation of the angle of the mouth to the left side. On examination a bluish area was found behind the right auricle.

CASE 71	
Diagnosis & reasons	**Right chronic suppurative otitis media – cholesteatoma (3 year duration of an offensive purulent otorhea) complicated by lateral sinus thrombophlebitis (fever, rigors, blood stained ear discharge) further complicated by cavernous sinus thrombosis (edema of the right eye lids, double vision and severe conjunctival chemosis) and another complication of the cholesteatoma is right lower motor neuron facial paralysis deviation of the angle of the mouth to the left side)**
Explain the following manifestations	**Blood stained ear discharge: is an indication that the cholesteatoma has eroded the bony walls of the middle ear and mastoid and is approaching a vascular structure as the lateral sinus** **Fever and rigors: is an indication that the infection has reached the blood stream to due thrombophlebitis of the lateral sinus** **Edema of the eye lids: due to thrombosis in the retrobulbar veins as a consequence of cavernous sinus thrombosis** **Double vision: diplopia is due to affection of the cranial nerves responsible for eye movement present in the wall and lumen of the cavernous sinus** **Severe conjunctival chemosis: due to thrombosis in the cavernous sinus that prevents proper drainage of the ophthalmic veins – the cavernous sinus is affected due to extension of the thrombus from the lateral sinus via the superior petrosal sinus** **Deviation of the angle of the mouth to the left side: is due to lower motor neuron facial nerve paralysis caused by the original pathology the cholesteatoma** **Bluish area found behind the right auricle: due to extension of the lateral sinus thrombus to the retroauricular veins via the mastoid emissary vein the sign is called Greissenger's sign**
Further examination &/or investigations	• **Complete blood picture to show leucocytosis and marked anemia** • **Blood culture** • **CT scan for cholesteatoma** • **Investigations for facial nerve paralysis (shirmer's test, topognostic tests, electroneuronography)** • **Audiogram** • **Complete eye examination especially fundus examination may show engorged retinal veins**
Treatment	**Tympanomastoidectomy for the cholesteatoma** **Management of the lateral sinus thrombophlebitis surgically according to the operative findings** **Intravenous antibiotics** **Anticoagulants** **Steroids for the facial nerve paralysis** **Care of the eye**

Case 72: A 4 year old child experienced marked loss of weight due to dysphagia together with choking during feeding after a house accident that occurred 18 months ago. The child was admitted to hospital for investigation. The barium

swallow showed a very long esophageal stricture in the middle and lower thirds of the esophagus.

CASE 72	
Diagnosis & reasons	Post corrosive esophageal stricture (accident, loss of weight, dysphagia, long esophageal stricture by barium swallow)
Explain the following manifestations	Marked weight loss: the child is unable to feed due to the esophageal stricture and so loses weight and is unable to grow properly Choking: is an indication that the stricture is very narrow preventing food from passing down and so it accumulates above the stricture and may spill over into the larynx and the trachea causing choking (cough with some respiratory distress) Very long esophageal stricture in the middle and lower thirds of the esophagus: common site for the corrosive to cause injury of the esophageal wall as it accumulates by gravity in the lower parts of the esophagus
Further examination &/or investigations	• Diagnostic esophagoscopy • General investigations
Treatment	Esophagoscopy and dilatation of the esophagus Colon by pass operation Gastrostomy

Case 73: A 30 year old laborer who is a heavy smoker has chronic cough and expectoration of two years duration. Sputum is yellowish and huge in amount. The patient developed attacks of fever and sweating by night, he also lost some weight. One month ago, the patient developed a flexion of the neck deformity, severe painful dysphagia and a swelling in the neck on the right side that was cross fluctuating with another oropharyngeal swelling.

CASE 73	
Diagnosis & reasons	Pulmonary tuberculosis (chronic cough and expectoration of large amount of yellowish sputum of two years duration, night fever and sweats, loos of weight) complicated by cervical spine tuberculosis – Pott's disease (flexion deformity of the neck) that lead to a retropharyngeal cold abscess (painful dysphagia, right sided neck swelling that cross fluctuates with an oropharyngeal swelling)
Explain the following manifestations	Night fever and sweats: tuberculous signs of prostration Flexion of the neck deformity: cervical spine tuberculosis leads to destruction of the bodies of the cervical vertebrae causing kyphosis Severe painful dysphagia: tuberculosis causes marked throat pain and painful dysphagia – odynophagia Swelling in the neck that cross fluctuates with another oropharyngeal swelling: cold tuberculous chronic retropharyngeal abscess the oropharyngeal swelling crosses the midline as it is present behind the prevertebral fascia
Further examination &/or investigations	• Investigations for tuberculosis: tuberculin test, aspiration of caseous material from the cold abscess • Chest X-ray • CT scan neck and vertebral column

	• Barium swallow
Treatment	**Antituberculous drugs** **Excision of the cold abscess** **Correction of cervical spine deformity**

Case 74: A 2 year old male child suffered from marked difficulty in swallowing, drooling of saliva of 48 hours duration followed by severe respiratory distress. On examination he was very toxic, feverish 40 C with a flexed neck and neck muscle spasm. Oropharyngeal examination showed a congested large swelling behind the right tonsil and not crossing the pharyngeal midline.

CASE 74	
Diagnosis & reasons	**Acute retropharyngeal abscess (marked dysphagia, drooling of saliva, fever 40 C, toxic, flexed neck, congested large swelling behind the right tonsil not crossing the pharyngeal midline)**
Explain the following manifestations	**Marked difficulty in swallowing: marked dysphagia is due to the presence of the abscess behind the pharyngeal wall causing pain during swallowing with some pharyngeal obstruction** **Drooling of saliva: dysphagia is up to the extent that the child can not swallow his saliva and it drips from his mouth** **Severe respiratory distress: the edema in the pharynx may extend to involve the larynx causing respiratory distress that may necessitate a tracheostomy** **Flexed neck: the child places his head and neck in a flexion position in order to minimize the throat pain** **Swelling not crossing the midline: the abscess is due to suppuration in the retropharyngeal lymph node of Henle present between the buccopharyngeal fascia and the prevertebral fascia, the median pharyngeal raphe attaches these fascia preventing the abscess from crossing the midline**
Further examination &/or investigations	• **Complete blood picture to show leucocytosis** • **X-ray lateral view neck** • **CT scan neck with contrast**
Treatment	**Tracheostomy in case of respiratory distress** **Drainage of the abscess through a transoral longitudinal incision in the posterior pharyngeal wall** **Antibiotics** **Analgesics** **Parentral nutrition or ryle tube feeding**

Case 75: A 30 year old male boxer after a boxing match developed right side watery nasal discharge intermittent in character. 2 days following the match he was taken to hospital with impaired consciousness fever 40 C and vomiting that did not improve by any antiemetics. His level of consciousness deteriorated and he passed away that night.

CASE 75	
Diagnosis & reasons	**Traumatic CSF rhinorhea (boxing, unilateral watery nasal intermittent discharge) complicated by meningitis (impaired conciousness, fever 40 C, vomiting, deterioration and death)**
Explain the following manifestations	**Watery intermittent nasal discharge: following trauma a nasal discharge that is watery and increase with straining** **Impaired conciousness: due to encephalitis accompanying**

	meningitis Fever 40 C: due to meningeal inflammation Vomiting: due to increased intracranial tension
Further examination &/or investigations	• Other manifestations of meningitis: neck rigidity, Kernig's sign, Brudzinski's sign • Fundus examination • Lumbar puncture to prove meningitis and identify the organism • CT scan for the site of trauma • Laboratory tests for the watery nasal discharge to prove that it is CSF (glucose, protein, chloride) • Lumbar puncture with metrizimide injection to show the site of the CSF leak in the nose
Treatment	Antibiotics that cross the blood brain barrier Lowering of the increased intracranial tension Correction of the fracture in the anterior cranial fossa and stopping the CSF leak from the nose

Case 76: A 12 year old child had an attack of fever and right ear earache of 3 days duration followed by right ear discharge and relief of the earache but the fever persisted. He received no medical treatment. Ten days later the discharge decreased in amount and the fever was elevated. Later a fluctuant red hot and tender swelling appeared behind the right auricle with preservation of the retroauricular sulcus. Later the swelling released spontaneously a large amount of pus.

CASE 76	
Diagnosis & reasons	Right acute suppurative otitis media (fever, earache of 3 days duration followed by ear discharge) complicated by mastoiditis (persistence and elevation of the fever and a continuous discharge) further complicated by a retroauricular mastoid abscess (fluctuant red hot tender swelling behind the right auricle with preservation of the retroauricular sulcus) later with the formation of a mastoid fistula (swelling spontaneously released a large amount of pus)
Explain the following manifestations	Ear discharge and relief of earache: as the discharge passes out of the ear through a tympanic membrane perforation the pain decreases Decrease of ear discharge and persistence of fever: Reservoir sign an indication for the development of mastoiditis Preservation of the retroauricular sulcus: in case of mastoiditis the edema due to the bone inflammation is subperiosteal elevating the periosteum covering the mastoid process and so the retroauricular sulcus is preserved in case of a subcutaneous inflammation the inflammatory edema extends into the sulcus and obliterates it Spontaneous release of a large amount of pus: means occurrence of a mastoid fistula
Further examination &/or investigations	• X-ray mastoid shows a hazy mastoid appearance • CT scan to show inflammation of the mastoid process and to show a possible underlying pathology as a congenital cholesteatoma • Audiogram

	• Culture and antibiotic sensitivity test of the ear discharge
Treatment	**Mastoidectomy** **Myringotomy** **Medical treatment as antibiotics**

Case 77: The mother of a six month old infant complained that her infant had a high fever 40 C, screaming attacks, convulsions followed by rolling of the head sideways. This was followed 5 days later by drowsiness, inability to feed and some diarrhea and neck retraction.

CASE 77	
Diagnosis & reasons	**Acute suppurative otitis media (high fever 40 C, screaming due to pain) complicated by meningitis (drowziness, neck retraction)**
Explain the following manifestations	**Screaming attacks: infants are unable to localize pain to the ear so pain is presented by screaming** **Convulsions: may be due to the high fever 40 C** **Rolling of the head sideways: is an indication that pain is from the ears as the child tries to push the painful ears against his pillow** **Inability to feed and diarrhea: due to passage of some pus through the wide eustachian tube of a child this pus irritates the stomach and the intestine causing gastroenteritis** **Neck retraction: indicating meningitis a common complication for acute suppurative otitis media in this age group because the sutures of the skull between the middle ear and the intracranial cavity are still open and can transmit infection and also the tympanic membrane is still thick and does not easily perforate**
Further examination &/or investigations	• **Otoscopic examination may show a congested bulging tympanic membrane with loss of lutre** • **Neurologic examination (kernig's sign and Brudzinski's test)** • **Fundus examination may show pailledema** • **Lumbar puncture** • **Culture and antibiotic sensitivity of the ear discharge**
Treatment	**Antibiotics that cross the blood brain barrier** **Brain dehydrating measures as diuretics and mannitol 10% in the proper dose** **Urgent myringotomy to drain the middle ear**

Case 78: A 30 year old male came to the outpatient ENT clinic complaining of torticollis to the left side. On examination, the neck was slightly rigid with severe tenderness on the left side of the neck. He was admitted for investigation of his condition, 2 hours after admission he had an attack of fever accompanied by rigors that was not relieved by antipyretics. The patient gave a history of foul smelling left ear discharge of 7 years duration that was associated with hearing loss. Ear examination showed an aural polyp and a purulent discharge.

CASE 78	
Diagnosis & reasons	**Left chronic suppurative otitis media – cholesteatoma (foul smelling ear discharge of 7 years duration, aural polyp and purulent discharge on examination) complicated by lateral sinus thrombophlebitis (fever and rigors) with extension of the thrombus to the left internal jugular vein (left sided torticollis meaning bending of the neck to the left side, tenderness in the**

	left side of the neck)
Explain the following manifestations	**Torticollis: bending of the neck to the left side to minimize the pain in the left jugular vein due to thrombophlebitis** **Fever and rigors: indicates spread of infection to the blood stream** **Aural polyp: is an inflammatory reaction to severe otitis media especially with cholesteatoma**
Further examination &/or investigations	• **Complete blood picture** • **Blood culture** • **CT scan** • **Audiogram**
Treatment	**Intravenous antibiotics** **Anticoagulants** **Tympanomastoidectomy for cholesteatoma after improvement of the general condition of the patient** **Possibly ligation of the internal jugular vein to avoid showers of septic emboli that might cause fever and rigors and later septicemia and pyemia**

Case 79: A 27 year old male has been complaining of a right purulent otorhea of 7 years duration. Suddenly he developed attacks of loss of balance and severe sense of rotation. This was followed after 5 days by complete relief of the condition but accompanied by a complete hearing loss in the right ear. Weber tuning fork test lateralized to the left ear.

CASE 79	
Diagnosis & reasons	**Right chronic suppurative otitis media – cholesteatoma (purulent otorhea of 7 years duration) complicated by serous then suppurative labyrinthitis (loss of balance and a sense of rotation then complete loss of hearing)**
Explain the following manifestations	**Severe sense of rotation: vertigo due to serous labyrinthitis and irritation of the vestibular receptors** **Complete relief of the condition of vertigo: due to suppurative labyrinthitis leading to complete destruction of the vestibular receptors and so the patient relies on the receptors of the healthy ear and subsequently vertigo improves** **Complete loss of hearing: due to destruction of the receptors of hearing** **Weber tuning fork test lateralized to the left ear: the type of complete hearing loss due to destruction of the cochlear receptors is sensorineural leading to dead ear and so the patient hears the tuning fork in his healthy normal ear with good nerve function**
Further examination &/or investigations	• **Audiogram** • **CT scan** • **Culture and antibiotic sensitivity test** • **Vestibular tests for posture**
Treatment	**Tympanomastoidectomy for cholesteatoma** **Antibiotics** **Avoid labyrinthectomy as this may lead to spread of infection and meningitis**

Case 80: A 50 year old female presented to the ENT clinic complaining of a change of her voice. On examination, there was a firm neck swelling that was non-tender and progressively increasing in size over the last 3 months. The patient gave a history that during the last year food may arrest at the root of the neck especially solid bulky food.

CASE 80	
Diagnosis & reasons	Plummer Vinson disease (history of dysphagia over the last year with a sensation of arrest of food at the root of the neck) complicated by hypopharyngeal malignancy (common occurrence after Plummer Vinson disease with development of new symptoms of malignant invasion as change of voice and metastatic lymph node)
Explain the following manifestations	Change in her voice: is due to spread of the hypopharyngeal malignancy to the vocal fold or the vocal fold muscle or its nerve supply if the lesion is postcricoid it might lead to fixation of the cricoarytenoid joint causing vocal fold fixation Firm neck swelling progressively increasing size: suspicious of malignant metastatic lymph nodes the hypopharnx especially the pyriform fossa is considered one of the silent areas of the head and neck that present by a metastatic lymph node befor eclear evidence of the primary tumor
Further examination &/or investigations	• Hypopharyngoscopy and biopsy • CT scan • Barium swallow • Lateral view neck plain X-ray
Treatment	Total laryngopharyngectomy and radical neck dissection Radiotherapy Chemotherapy Palliative treatment

Case 81: A male patient 52 years old asked medical advice because of severe headache of 2 days duration that was not relieved by the usual analgesics. He gave a history of long standing yellowish foul smelling discharge from the left ear. On examination, the patient was found to be irritable and avoiding light. Temperature was 39 C and pulse rate was 96/min. there was marked stiffness of the neck. Otologic examination revealed a left attic perforation with granulation showing through it.

CASE 81	
Diagnosis & reasons	Left chronic suppurative otitis media – cholesteatoma (long standing foul smelling ear discharge, left attic perforation) complicated by meningitis (headache, irritability, temperature 39 C, neck stiffness)
Explain the following manifestations	Severe headache: due to increased intracranial tension accompanying meningitis Foul smelling ear discharge: accompanies cholesteatoma due to bone necrosis and infection by anerobic organisms Irritability: due to increased intracranial tension and some encephalitis accompanying meningitis Avoiding light: photophobia due to some optic neuritis accompanying meningitis as the optic nerve passes through the meninges Granulations: usually accompany a cholesteatoma and are

	present around it between the cholesteatoma and the necrosed bone and diseased tissue
Further examination &/or investigations	• Lumbar puncture • CT scan • Audiogram • Culture and antibiotic sensitivity test
Treatment	Antibiotics that cross the blood brain barrier Brain dehydrating measures – diuretics, mannitol 10% Tympanomastoidectomy for the cholesteatoma

Case 82: A 5 year old child underwent an adenotonsilectomy operation. On discharge from the recovery room, the child was conscious, blood pressure 110/80, pulse rate 100/min and the respiratory rate 16/min. Four hours later, the nurse reported to the resident that the pulse rate became 140/min, blood pressure 100/70 and the child vomited 150 cc of blood.

CASE 82	
Diagnosis & reasons	Reactionary post tonsillectomy hemorrhage (4 hours after an adenotonsillectomy operation, rising pulse, vomiting of 150 cc of blood)
Explain the following manifestations	Rising pulse 100 to become 140/min: is an indication of blood loss as the first compensatory mechanism in the circulatory system is tachycardia Small fall in blood pressure: the blood pressure is compenated by the rising pulse when the heart starts to fail the blood pressure drops indicating hypovolemic shock Vomited blood: is swallowed during the post operative period and is vomited because it causes gastric irritation it is black in color due to the formation of acid hematin
Further examination &/or investigations	• Hemoglobin percentage • Bleeding profile and compare it to preoperative investigations • Blood grouping and preparation of blood transfusion • Continuous observation of pulse and blood pressure
Treatment	Antishock measures (fluid and blood transfusion, steroids) Rapid control of bleeding by readmitting to the operation room and controlling the bleeding which could be either from the adenoid site or the tonsil bed

Case 83: A male patient 47 years old presented to the otologist because of pain in the left ear of 2 days duration. Pain was throbbing in character and increased in severity during mastication. The patient gave a history of 2 similar attacks in the last six months. On examination, movements of the left auricle were painful and a circumscribed reddish swelling was found arising from the outer portion of the posterior meatal wall. A painful tender swelling obliterated the retroauricular sulcus. Tuning fork testing revealed positive Rinne on both sides and Weber was centralized.

CASE 83	
Diagnosis & reasons	Recurrent furunculosis of the left external auditory canal (3 attacks, throbbing pain, increases with mastication and movements of the auricle, circumscribed reddish swelling in the outer portion of the posterior meatal wall)
Explain the	Throbbing pain: indicates an abscess as the pus is under

following manifestations	**tension** **Increased pain with mastication: due to movements of the outer cartilaginous canal with movements of the jaw; the furuncle always arises in the outer cartilaginous canal as it contains hair follicles and sebaceous glands from which the furuncle arises from** **Movements of the left auricle are painful: for the same reason as mastication** **Painful tender swelling obliterated the retroauricular sulcus: this is the post auricular lymphadenitis it obliterates the retroauricular sulcus because it causes edema in the subcutaeous tissue superficial to the periosteum** **Positive Rinne and Weber centralized: the furuncle is not large enough to cause conductive hearing loss and so the tuning fork tests are normal**
Further examination &/or investigations	• **Investigations for diabetes mellitus (in a case with recurrent furunculosis it is the most probable cause, the investigations are basically a glucose tolerance curve with fasting and every hour glucose test in blood)**
Treatment	**Systemic antibiotic** **Analgesic** **Control of diabetes** **Local antibiotic ointment or glycerine icthyol as a hygroscopic agent to help drainage of the furuncle** **Never incise the furuncle surgically as this may lead to perichondritis of the auricle and consequently cauliflower ear due to fibrosis and deformity of the auricle**

Case 84: A 35 year old male suffered from fever and headache for 5 days for which he received antibiotics and analgesics. The symptoms subsided except for the headache. 2 weeks later there was right side body weakness and the patient complained of vertigo. Nystagmus had no specific direction. Otologic examination revealed a right attic perforation with a foul smelling discharge pouring from it.

CASE 84	
Diagnosis & reasons	**Right chronic suppurative otitis media – cholesteatoma (right attic perforation with a foul smelling discharge) complicated by right cerebellar abscess (fever, headache, right side body weakness, vertigo, nystagmus with no specific direction)**
Explain the following manifestations	**Headache: due to increased intracranial tension** **Fever: during the encephalitic stage of the brain abscess it subsides at the end of this stage and the headache remains** **Right side body weakness: weakness in a cerebellar abscess is due to hypotonia and is on the same side as the abscess** **Vertigo: due to incoordination of movement leading to imbalance** **Nystagmus with no specific direction: this is not nystagmus of inner ear origin and so it has no specific direction** **Attic perforation: means perforation in the pars flaccida – the common site for cholesteatoma**
Further examination &/or	• **CT scan with contrast** • **MRI** • **Audiogram**

investigations	• **Culture and antibiotic sensitivity for the ear discharge**
Treatment	**Drainage or excision of the brain abscess neuro surgically according to the CT scan findings whether acute or chronic abscess** **Tympanomastoidectomy for the cholesteatoma**

Case 85: A female patient 51 years old was admitted to the hospital because of severe dysphagia of 2 months duration. The condition started by experiencing difficulty in swallowing solid food that arrested at the root of the neck but for the last few days even fluids became also difficult to swallow. She had change of her voice of one month duration and a difficulty in breathing for a few days. She gave a history of dysphagia over the last 10 years. On examination, she had stridor, marked pallor of the mucous membrane of the oral cavity, glazed tongue and marked loss of weight. Examination of the neck revealed bilateral mobile hard upper deep cervical lymph nodes. The laryngeal click is absent.

CASE 85	
Diagnosis & reasons	**Plummer Vinson disease (history of dysphagia over ten years in a female patient) that lead to postcricoid carcinoma (progression of dysphagia over the last two months, absent laryngeal click)**
Explain the following manifestations	**Progressive dysphagia: it is an intermittent dysphagia when the condition was due to Plummer Vinson disease because of the presence of pharyngeal webs then when malignant change occurs the dysphagia is towards solid food with a sensation of arrest of food at the root of the neck then it progresses when the tumor grows to become an absolute dysphagia to fluids as well and even in more severe cases to the patients own saliva and the patient may experience spill over into the larynx with subsequent cough and respiratory distress namely choking** **Change of voice: due to laryngeal involvement either directly or involvement of the recurrent laryngeal nerve, the cricoarytenoid joint or the laryngeal musculature** **Difficulty in breathing and stridor: is due to laryngeal or tracheal involvement by the malignancy leading to respiratory obstruction or could be due to choking because of severe absolute dysphagia** **Marked pallor of the mucous membrane of the oral cavity: Plummer Vinson disease is accompanied by marked iron deficiency and pernicious anemia** **Glazed tongue: Plummer Vinson disease is accompanied by glossitis due to pernicious anemia** **Bilateral mobile hard upper deep cervical lymph nodes : due to lymph node metastasis** **Absent laryngeal click: postcricoid carcinoma is present behind the cricoid cartilage and so displaces the larynx anteriorly causing absence of the natural click that occurs when the larynx is moved sideways against the bodies of the cervical vertebra**
Further examination &/or investigations	• **Complete blood picture** • **General investigations** • **Hypopharyngoscopy and biopsy** • **CT scan neck** • **Barium swallow** • **Lateral view plain X-ray**

Treatment	Total laryyngopharyngectomy with radical neck dissection Radiotherapy Chemotherapy Palliative treatment

Case 86: A 30 year old female suddenly noticed a heaviness in the right side of the face accompanied by a burning sensation of the right eye when she washed her face. There was accumulation of food in the right vestibule of the mouth. All food had a metallic taste. The patient could not tolerate loud sounds. She received the proper care and treatment and after one month there was marked improvement of her condition. There was no fever all through her illness and both tympanic membranes were normal. There was no hearing impairment.

CASE 86	
Diagnosis & reasons	Right lower motor neuron facial paralysis – Bell's palsy (sudden onset and marked improvement of her condition after one month)
Explain the following manifestations	Heaviness in the right side of the face: due to paralysis of the facial muscles the face tissue feels heavy and drops downwards by gravity Burning sensation of the eye when washing the face: the eye is exposed as the eyelids are unable to close completely and so water and soap cause a burning sensation in the eye when washed Accumulation of food in the right vestibule of the mouth: due to paralysis of the buccinator muscles that pushes food into the oral cavity during mastication so when paralyzed food simply is not pushed into the oral cavity and accumulates outside the teeth in the oral vestibule Metallic taste: due to paralysis of the chorda tympani nerve so food is felt by the trigeminal nerve (lingual nerve) only and this gives the metallic taste Could not tolerate loud sounds: due to paralysis of the stapedius muscle that contracts and holds back the stapes if loud sound is exposed to the ear – absent acoustic reflex Marked improvement of her condition: usually cases of Bell's palsy especially in the young age improve greatly and in a short period of time
Further examination &/or investigations	• Topgnostic tests as shirmer's test, salivary pH, gustatory tests for taste • Electrodiagnostic tests for the facial nerve function (electroneuronography, electromyography) • CT scan to exlude other causes of facial nerve paralysis • Audiogram
Treatment	Steroids immediately after the onset of paralysis Antivirals as the possibility of viral infection is there Surgical exploration and decompression of the nerve from edema if the electroneuronography test for facial nerve function shows a 90% degeneration of the nerve fibers within 2 weeks from the onset of paralysis Care of the eye to avoid corneal ulceration Care of the muscles by physiotherapy Follow up electromyography to detect early recovery of the facial

	nerve

Case 87: A child 4 years old presented to an ENT specialist because of snoring of two years duration. His mother reported that her son has persistent mucoid nasal discharge that becomes sometimes purulent. For the last month, she began to notice that he does not respond to sounds as before. On examination, the mouth was found open; both tonsils were found enlarged. Both drum membranes were found intact.

CASE 87	
Diagnosis & reasons	Adenoid and tonsillar hypertrophy (snoring, open mouth, enlarged tonsils) complicated by bilateral otitis media with effusion (does not repsond to sounds, intact drum membranes)
Explain the following manifestations	Snoring: indicates adenoid hypertrophy due to bilateral nasal obstruction causing the child to breathe from his mouth as well causing palatal vibrations producing the snoring sound Mucoid nasal discharge that may become purulent: due to infection in the adenoid and the paranasal sinuses especially the ethmoid Does not respond to sounds as before: is due to eustachian tube obstruction and subsequent otitis media with effusion and possible the presence of fluid behind the tympanic membrane Drum membrane intact: otitis media with effusion does not cause perforation of the tympanic membrane the tympanic membrane is only retracted and may show a hair line indicating fluid behind the drum
Further examination &/or investigations	• Audiogram will show an air bone gap due to conductive hearing loss • Tympanogram may show type C curve indicating a negative middle ear pressure or a type B curve indicating presence of fluid behind the drum • X-ray lateral view skull will show a soft tissue shadow with narrowing of the nasopharyngeal airway • General investigation in preparation for adenotonsillectomy
Treatment	Adenotonsillectomy Trial medical treatment for otitis media with effusion namely antibiotics and steroids If otitis media with effusion does not improve bilateral ventillation tube insertion – grommet tubes

Case 88: A male patient 63 years old presented to the hospital because of severe nose bleeding of about 20 min. Pulse rate 120/min, blood pressure 100/60. He gave a history of receiving treatment for hypertension.

CASE 88	
Diagnosis & reasons	Severe epistaxis (nose bleeding, pulse 120/min) caused by systemic hypertension
Explain the following manifestations	Pulse 120/min: this rise in pulse indicates that the epistaxis is severe leading to shock tacchycardia is a compensatory mechanism by the heart to correct for the rapid blood loss 100/60 blood pressure: in a hypertensive patient is considered low blood pressure and is a dangerous sign that the patient is shocked

Further examination &/or investigations	• **General investigations for a hypertensive patient**
Treatment	**Antishock measures (fluid transfusion, blood transfusion, steroids, controlled sedation)** **Stop the bleeding (anterior or posterior nasal pack if failed arterial ligation or endoscopic control of bleedin** **Control systemic hypertension in the future to prevent a recurrent episode of epistaxis** **Correction of any post hemorrhagic anemia by iron therapy**

Case 89: A female patient 18 years old sought medical advice because of inability to close her right eye of 3 days duration. She gave a history of longstanding scanty bad smelling discharge from her right ear. On examination, a right attic perforation was found.

CASE 89	
Diagnosis & reasons	**Right chronic suppurative otitis media – cholesteatoma (longstanding history of bad smelling discharge from the right ear and a right attic perforation) complicated by right lower motor neuron paralysis (inability to close the right eye of 3 days duration)**
Explain the following manifestations	**Inability to close the right eye: is due to paralysis of the orbicularis occuli muscle responsible for the final stage of firm eye closure that is supplied by the facial nerve** **Bad smelling ear discharge: due to bone necrosis by the cholesteatoma and the infection by anerobic organisms** **Attic perforation: the cholesteatoma is commonly present in the region of the attic of the middle ear and the perforation appears in the pars flaccida**
Further examination &/or investigations	• **CT scan to show the extent of the cholesteatoma** • **Audiogram** • **Investigations for facial nerve level of paralysis (topognostic tests: Shirmer's test, acoustic reflex if possible, salivary pH, gustatory taste senation tests)** • **Investigations for the integrity of the facial nerve (electroneuronography and electromyography)**
Treatment	**Tympanomastoidectomy for cholesteatoma** **Management of the facila nerve condition according to the operative findings usually it is an inflammation with granulation tissue and after removal of the cholesteatoma the nerve will recover this can be followed up by the facial nerve integrity tests** **Care of the eye** **Care of the muscles by physiotherapy**

Case 90: A male patient 25 years old asked for medical advice because of intense headache together with discharge from the right ear. The ear discharge was scanty, foul smelling and of five years duration. Headache started six weeks ago, increased in the last two weeks and became associated with vomiting, vertigo and blurring of the vision. On examination, the patient was found not alert, having abnormal gait with tendency to fall to the right side. Temperature was 36 C and

the pulse rate was 60/min. Examination of the ears revealed right attic perforation and tuning fork testing showed a right conductive hearing loss.

CASE 90	
Diagnosis & reasons	**Right chronic suppurative otitis media – cholesteatoma (scanty foul smelling five year duration ear discharge, right attic perforation) complicated by right cerebellar abscess (headache, vomiting, blurring of vision, vertigo, abnormal gait and tendency to fall to the right)**
Explain the following manifestations	**Intense headache: due to increased intracranial tension** **Vomiting: due to increased intracranial tension and pressure on the chemoreceptor trigger zone** **Vertigo: damage of the vestibular centers in the cerebellum and is usually accompanied by nystagmus** **Blurring of vision: due to increased intracranial tension and papilledema of the optic disc** **Patient was not alert: the brain abscess causing some stupor – disturbed level of conciousness** **Abnormal gait: due to imbalance and incoordinated body movements** **Tendency to fall to the right: due to hypotonia and weakness of the muscles on the right side of the body the same side as the cerebellar abscess** **Temperature 36 C: commonly a brain abscess is accompanied by subnormal temperature due to affection of the heat regulatory center** **Pulse rate 60/min: commonly a brain abscess is accompanied by slowness of the pulse bradycardia due to affect of the cardiovascular center** **Tuning fork tests show a conductive hearing loss: due to cholesteatoma causing destruction in the ossicular chain especially the incus long process and the stapes suprastrucure**
Further examination &/or investigations	• **Search for other clinical neurological manifestations of cerebellar attaxia: tremors, incoordicated body movements, slurred speech, finger nose test, dysdiadokokinesia)** • **CT scan with contrast to show the cerebellar abscess** • **Audiogram** • **Complete blood picture for leucocytic count it is high so long as there is an abscess** • **Fundus examination for papilledema** • **Avoid lumbar puncture as it might lead to brainstem conization and death** • **Culture and antibiotic sensitivity test**
Treatment	**Tympanomastoidectomy for the cholesteatoma** **Drainage or excision of the cerebellar abscess neurosurgically according to the findings in the CT scan** **Antibiotics that cross the blood brain barrier** **Brain dehydrating measures to lower the increased intracranial tension**

Case 91: A male patient 50 years old presented with nasal obstruction and impairment of hearing in the right ear of 4 months duration. On examination, the

patient had nasal tone of voice and on asking him to say AAA the right side of the soft palate was found immobile. Examination of the neck revealed bilateral enlargement of the upper deep cervical lymph nodes which were hard in consistency. Examination of the right ear showed retraction, loss of luster and a waxy appearance of the tympanic membrane.

CASE 91	
Diagnosis & reasons	Nasopharyngeal carcinoma (impairement of hearing in the right ear with a retracted tympanic membrane, nasal obstruction, imobility of the right side of the soft palate) with bilateral lymph node metastasis (bilateral enlarged upper deep cervical lymph nodes that are hard in consistency)
Explain the following manifestations	Impairement of hearing in the right ear: due to destruction of the nasopharyngeal orifice of the eustachian tube causing otitis media with effucion due to poor aeration of the middle ear Nasal tone of voice: due to palatal paralysis it is a rhinolalia aperta where the letter K and G are replaced by A Right side of the soft palate is immobile: due to involvement of the palatal muscles and nerves by the nasopharyngeal carcinoma present above the soft palate Hard upper deep cervical lymph nodes that are bilateral: lymph node metastasis tne nasopharynx commonly sends bilateral lymph node metstasis Loss of lustre and waxy appearance of the tympanic membrane: due to retraction and poor aeration of the middle ear, waxy appearance means that the drum has lost its lustre and is no longer shining or glistening
Further examination &/or investigations	• CT scan • Nasopharyngoscopy and biopsy • Audiogram and tympanogram
Treatment	Radiotherapy for the primary lesion and the secondaries Radical neck dissection for the residual secondaries in the lymph nodes if they are not cured by the radiotherapy T-tube insertion in both drum membranes as the damage in the eustachian tube is permanent Chemotherapy in certain tumors Palliative treatment for terminal cases

Case 92: A male patient 23 years old presented with impairment of hearing in both ears of about 4 years duration. Hearing impairment was more noticed in the right ear. He gave a history of longstanding on and off yellowish discharge from both ears. He had no vertigo or tinnitus. Examination of the ears revealed bilateral dry central kidney shaped perforations of both drum membranes. Tuning fork testing demonstrated bilateral negative Rinne test and Weber test lateralized to the right ear.

CASE 92	
Diagnosis & reasons	Bilateral chronic suppurative otitis media – tubotympanic type (longstanding on and off yellowish ear discharge, impairement of hearing, bilateral central kidney shaped perforations)
Explain the following manifestations	Longstanding on and off yellowish ear discharge: in tubotympanic otitis media the discharge is intermittent and appears with every bout of infection

	No vertigo and tinnitus: as the ears are drained every time of infection there is no vertigo or tinnitus it might be present during the attack of infection **Dry central kidney shaped perforations of the drum: dry as there is no infection at the moment, central indicating that there is a rim of drum membrane and annulus all around and that it is not a cholesteatoma, kidney shaped the drum membrane receives its blood supply from the annulus and along the handle of the malleus so in case of necrosis of the drum due to infection the areas most further away from the blood supply take a kidney shaped appearance** **Bilateral negative Rinne test: indicating that bone conduction is better than air conduction that is the patient has a bilateral conductive hearing loss** **Weber lateralized to the right ear: indicating that the conductive hearing loss on the right is greater than the left this could be due to a larger perforation or exposure of the round window by the perforation (round window baffle effect) or an auditory ossicular disruption accompanying the perforation – it also could indicate a sensorineural affection of the left ear and this is unlikely as there is no tinnitus and the patient subjectively feels that his right ear is worse**
Further examination &/or investigations	• **Audiogram to detect type of hearing loss and have a documented record of the hearing status of the patient** • **X-ray mastoid** • **Culture and antibiotic sensitivity of the ear discharge**
Treatment	**Myringoplasty or tympanoplasty for both ears with six month interval starting with the worst hearing ear first** **Antibiotics for any ear infection if it occurs**

Case 93: A 10 year old child presented to the outpatient ENT clinic because of severe headache of 5 days duration which did not respond to the usual analgesics. His mother reported that her son had his right ear discharging for the last 2 years. On examination, the child's general health was bad, he was irritable and his temperature was 39 C, pulse 100/min and there was marked neck stiffness. Examination of the right ear revealed fetid aural discharge from an attic perforation.

CASE 93	
Diagnosis & reasons	**Right chronic suppurative otitis media – cholesteatoma (fetid right ear discharge for the last 2 years, attic perforation) complicated by meningitis (headache, irritable, temperature 39 C, neck stiffness)**
Explain the following manifestations	**Severe headache: due to increased intracranial tension with stretch of the dura overlying the brain** **General health is bad: due to the marked toxemia that accompanies meningitis** **Irritable: due to some encephalitis accompanying meningitis** **Marked neck stiffness: due to meningeal inflammation** **Fetid aural discharge: means a bad smelling ear discharge due to bone necrosis by the cholesteatoma and infection by anerobic organisms**
Further	• **Lumbar puncture to diagnose the condition**

examination &/or investigations	• **CT scan for the ear to show the cholesteatoma** • **Audiogram** • **Culture and antibiotic sensitivity**
Treatment	**Antibiotics that cross the blood brain barrier** **Lowering intracranial tension (diuretics, mannitol 10%)** **Repeated lumbar puncture to lower intracranial tension** **Tympanomastoidectomy for the cholesteatoma**

Case 94: A male patient 32 years old was referred from a Neurosurgeon for otological evaluation. The patient had a motor car accident 2 days before. He gave a history of loss of consciousness for a few minutes together with bleeding from the right ear. The patient stated that he could not move the right side of his face since the recovery of consciousness. On examination, blood clots were found in the right external auditory meatus, ecchymosis of the right tympanic membrane and a central posterior perforation with irregular edges could be seen. Tuning fork examination revealed Rinne test was negative in the right ear and positive in the left ear. Weber test was lateralized to the right ear. The patient could not close the right eye or move the right angle of his mouth.

CASE 94	
Diagnosis & reasons	**Right longitudinal fracture of the temporal bone (trauma in a motor car accident, right ear bleeding) complicated by right lower motor neuron facial paralysis (inability to move the right side of the face)**
Explain the following manifestations	**Bleeding from the right ear: otorrahgia due to a torn tympanic membrane and a fracture in the roof of the external auditory canal** **Central perforation with irregular edges: traumatic rupture of the tympanic membrane due to the fracture** **Rinne test negative in the right ear: due to conductive hearing loss** **Weber test lateralized to the right ear: conductive hearing loss**
Further examination &/or investigations	• **CT scan to delineate the longitudinal fracture in the temporal bone** • **Topognostic test to determine the level of facial nerve paralysis (shirmer test, acoustic reflex, salivary pH, gustatory taste test)** • **Tests for integrity of the facial nerve (electroneuronography, electromyography)** • **Audiogram**
Treatment	**Exploaration and repair of the facial nerve if the electroneuronography shows a 90% degeneration within one week of the onset of paralysis** **Myringoplasty for the perforation of the tympanic membrane if it does not heal spontaneously** **Ossiculoplast for any auditory ossicular damage**

Case 95: A 19 year old girl presented to the ENT specialist because of bleeding from the right ear, impairment of hearing and tinnitus following a slap on the right ear one hour before. On examination, blood clots were found in the right external auditory meatus, the drum membrane showed a bluish coloration along the handle of the malleus and a central anteroinferior perforation with irregular

contused edges. Tuning fork testing revealed Rinne test negative in the right ear and Weber lateralized to the right ear.

CASE 95	
Diagnosis & reasons	Traumatic perforation of the right tympanic membrane (slap to the ear, central anteroinferior perforation with contused edge)
Explain the following manifestations	Bleeding from the right ear: due to tear in the drum membrane Impairement of hearing and tinnitus: due to tympanic membrane perforation causinga conductive hearing loss Irregular contused edge: due to the tear in the tympanic membrane caused by physical trauma the slap to the ear Weber test lateralised to the right ear: indicating a conductive hearing loss caused by the tympanic membrane perforation
Further examination &/or investigations	• Audiogram
Treatment	Conservative treatment (avoid water in the ear, avoid blowing the nose forcibly) usually most perforations heal spontaneously in 3-4 weeks time Myringoplasty if perforation persists after 6 weeks time

Case 96: A male child 3 years old presented to the emergency room of the hospital at 3 am because of severe respiratory distress of one hour duration. His mother stated that her child was awakened from sleep by cough, hoarse voice and respiratory distress. On examination, temperature 39 C, pulse rate 110/min and the respiratory rate was 30/min. The child had stridor more manifest during inspiration, he had working ala nasi and supraclavicular recession. However, he was not cyanosed.

CASE 96	
Diagnosis & reasons	Acute laryngotracheobronchitis – croup (sudden onset of marked respiratory distress with biphasic stridor more marked with inspiration with cough)
Explain the following manifestations	Cough: due to inflammation of the larynx trachea and bronchi there is increased viscid mucous secretions in the airway causing cough Hoarse voice: due to subglottic edema extending to the undersurface of the true vocal folds leading to change of voice Temperature 39 C: usually temperature is lower than that but it may be elevated as in this case according to the type of the organism causing the condition Pule rate 110/min: indicating affection of the heart by heart failure Stridor more manifest during inspiration: stridor means a sound produced due to respiration against partial airway obstruction it is more manifest during inspiration as the main power of breathing occurs during inspiration against the subglottic edema in the airway Working ala nasi and recession of the supraclavicular areas: is an indication of forcible breathing against an obstructed airway due to the negative pressure created inside the chest cage Not cyanosed: indicates that the patient has not reached the critical level of low oxygenation that leads rapidly to death but

	one shoiuld not wait until such an occurrence – also in anemic patients that do not manifest cyanosis until vary late when the condition is very advanced
Further examination &/or investigations	• Chest X-ray • Laryngoscopy • Investigations to detect rapidly heart failure
Treatment	Urgent steroids in large doses Very close observation Oxygenation by humidified oxygen Endotracheal intubation if required Tracheostomy in advanced cases Correction of heart failure Antibiotics to prevent complications

Case 97: A female patient 23 years old asked for medical advice because of sudden inability to close the right eye and deviation of the angle of the mouth on smiling to the left side of 2 days duration. She noticed discomfort on hearing loud sounds and a change in the sense of taste in her mouth. She gave no history of trauma or aural discharge prior to her illness. ENT examination revealed inability to mobilize all the muscles of the right side of the face. The right external auditory meatus and the tympanic membrane were found normal.

CASE 97	
Diagnosis & reasons	Right lower motor neuron paralysis – Bell's palsy (sudden onset of facial paralysis with no apparent cause)
Explain the following manifestations	Deviation of the angle of the mouth to the left side during smiling: due to paralysis of the orbicularis oris muscle with its component the levator anguli oris this occurs with lower motor neurone facial paralysis but with upper neuron paralysis the mouth is paralysed also with voluntary movements if you ask the patient to show his teeth but with involuntary emotional movements as a spontaneous smile or laugh the mouth may move normally Discomfort on hearing loud sounds: due to paralysis of the stapedius muscle that prevents loud sounds from causing vibration of the stapes and hence lowers the amount of energy entering the inner ear Change in the sense of taste: due to paralysis of the chorda tympani nerve
Further examination &/or investigations	• Topognostic tests for the lavel of facial nerve paralysis (Shirmer's test, acoustic reflex, salivary pH, gustatory taste tests) • Investigations for the integrity of the facial nerve (electroneuronography, electromyography) • Investigations to exclude any hidden cause for facial paralysis (CT scan, MRI)
Treatment	Urgent therapy with steroids (1mgm/kgm body weight) and hen taper the dose Exploration and decompression of the facial nerve in its course in the temporal bone if the electroneuronography results reach 90% degeneration in a period of 2 weeks (14 days) from the onset of the paralysis

	Care of the eye to prevent the occurrence of lagophthalmus and corneal ulceration (drops, ointment, coverage) Care of the muscles by physiotherapy Follow up recovery by the return of polyphasic electric potentials in the electromyography tests

Case 98: A 54 year old male patient who is a heavy smoker presented to the ENT clinic with change of his voice in the form of hoarseness of 2 months duration. There was no recent laryngitis or voice abuse. Laryngeal examination was not possible.

CASE 98	
Diagnosis & reasons	Cancer larynx (heavy smoker, hoarseness of voice of 2 months duration) anther possibility is left bronchial carcinoma that has caused left recurrent laryngeal paralysis and thus left vocal fold paralysis or pancoast tumor in the upper lobe of the lung leading to either recurrent laryngeal nerve paralysis and vocal fold paralysis
Explain the following manifestations	Hoarseness of voice: is due to glottic carcinoma causing inability of the vocal folds to coapt their edges and produce proper voice or due to vocal fold paralysis causing weakness in the production of voice
Further examination &/or investigations	• Flexible nasolaryngoscopy under local anesthesia to visualize the larynx • Chest X-ray to detect bronchial or pancoast tumors • CT scan neck and chest • Direct laryngoscopy and biopsy
Treatment	If cancer larynx total or partial laryngectomy or laser endoscopic excision according to the lesion If lung or bronchial carcinoma treated accordingly Radiotherapy Palliative treatment in terminal cases

Case 99: A 16 year old male patient traveled to Hurghada by airplane. On descent there was some headache and earache that subsided after 3 hours. The next day he took part in a scuba diving training course, the pain in his forehead became rather severe and was not relieved by any analgesics. During the night he became feverish with marked nasal obstruction and in the morning there was marked bilateral upper eyelid edema. He returned to Cairo and received antibiotic therapy and improved slightly but there was no nasal discharge. On the third day of antibiotic therapy, he became feverish again 40 C and there was severe headache, vomiting and he avoided light. Later his vision was blurred and he was very irritable. He was taken to hospital, intensive intravenous antibiotics were given and a lumbar puncture performed. His condition improved remarkably during the next few days.

CASE 99	
Diagnosis & reasons	Sinus barotrauma (descent from height by airpalne and then scuba diving) followed by bilateral acute frontal sinusitis (fever, nasal obstruction, bilateral eye lid edema) complicated by meningitis (fever 40 C, severe headache, vomiting, avoided light, blurred vision, irritablity, lumbar puncture improved the condition)
Explain the	Earache: is due to otitic barotrauma due to descent of the

following manifestations	airplane it improves after sometime due to swallowing and aeration of the middle ear throught the eustachian tube Severe pain of the forhead and headache following scuba diving: due to acute frontal sinusitis initiated by sinus bartrauma Marked bilateral upper eye lid edema: due to frontal sinusitis causing edema over the forehead extending downwards the eye lids No nasal discharge: indicating an obstruction of the nasofrontal ducts and no drainage these cases are more liable for complications as the pus in the sinus is not drained Fever 40 C: indicates the occurrence of a new complication namely meningitis Severe headache: due to increased intracranial tension and stretch of the meninges especially the dura Vomiting: due to increased intracranial tension and pressure on the chemoreceptor trigger zone Avoided light: due to photophobia accompanying meningitis due to some optic neuritis as the optic nerve passes through the meninges Bluured vision: due to increased intracranial tension and pappiledema of the optic disc Condition improved after lumbar puncture: due to lowering of the increased intracranial tension
Further examination &/or investigations	• Lumbar puncture to diagnose meningitis • Fundus examination to see pappiledema • CT scan paranasal sinuses and nose • Nasal endoscopy
Treatment	Antibiotics that cross the blood brain barrier Repeated lumbar puncture to lower the increased intracranial tension Lowering the intracranial tension by diuretics and mannitol 10% Management of the acute frontal sinusitis by medical or surgical treatment

Case 100: A 35 year old male patient has been complaining over the last 10 years of attacks of incapacitating vertigo, tinnitus and decreased hearing. During the attack there was a sense of aural fullness, the patient described it as if his ear is about to explode. In between the attacks that usually occur once or twice a week the patient feels fine or may have a minor sense of imbalance. The patient also reported that his hearing ability is decreasing over the years. Examination of the ears showed bilateral normal tympanic membranes and some non-occluding earwax.

CASE 100	
Diagnosis & reasons	Meniere's disease (attacks of vertigo, tinnitus and decreased hearing with aural fullness)
Explain the following manifestations	Incapacitating vertigo: means vertigo severe enough to prevent the patient from any balance or movement this usually occurs in Meniere's disease due to increased inner ear pressure – endolymphatic hydrops – irritating the vestibular receptors Tinnitus: due to irritation of the cochlear receptors by the increased pressure in the inner ear and due to the presence of a certain degree of sensorineural hearing loss

	Decreased hearing during the attack: is due to pressure on the cochlear receptors by the increased inner ear pressure **Aural fullness: is a manifestation alaways present in Meniere's attack** **Decreased hearing over the years: is sensorineural in nature and occurrs due to damage of the cochlear receptors by the attacks over the years it usually starts with the low sound frequency reeceptors present in the apical and middle cochlear turns** **Non-occluding ear wax: an associated finding in the ear that has no relation to Meniere's disease**
Further examination &/or investigations	• **Audiogram and tympanogram** • **Vestibular functionm tests** • **Posturography** • **CT scan to exclude other causes**
Treatment	**Medical treatment during the attack (diuretics, salt restriction, labyrinthine sedatives, systemic sedatives, antiemetics)** **Surgical treatment in certain cases as sac decompression in rare cases** **Selective vestibular neurectomy in persistent and resistent cases that do not respond at all to medical treatment and these are very rare cases**

SEPTEMBER 1990

1- A male patient 47 years old presented to the otologist because of pain in the Left Ear of 2 days duration pain was throbbing in character and increased in severity during mastication. The patient gave a history of 2 similar attacks in the last 6 months. On examination, movements of the Left Auricle were painful and a circumscribed reddish swelling was found arising from the outer portion of the posterior meatal wall. The retro auricular sulcus was obliterated by a painful tender swelling. Tuning fork testing revealed +ve Rinne test on both sides and Weber test was centralized.
a. mention the most likely diagnosis. Give reasons.
b. Mention ONE important differential diagnosis and state the differentiating points.
c. Mention possible causes for the recurrence of these swellings.
d. Outline the treatment of this patient.
2-Discuss nasal polyp.
3-Discuss the symptoms, signs and treatment of the vocal cord carcinoma.

JUNE 1992

Answer all questions: no surgical details are required:
1-A male patient 50 years old presented with nasal obstruction and impairment of

hearing in the right ear of 4 months duration. On examination the patient had a nasal tone of voice and on asking him to say ah the right side of the soft palate was found immobile. Of Examination of the neck revealed bilateral, enlargement the upper deep Cervical lymph nodes which were hard in consistency. Examination of the right ear showed retraction of the tympanic membrane. Answer the following questions:

a. State the most likely diagnosis of the case. Give reasons to ensure your diagnosis. (3 marks)

b. Mention 2 other possible symptoms or signs impacted in this case. (2 marks)

c. Name 2 audiological investigations needed for this patient and comment on the possible findings. (2marks)

d. Describe the. Management of this case. (3 marks)

2-List 3 common causes of referred otalgia; name the responsible nerve in each. (3 marks)

3- Describe the main lines of treatment for acute frontal sinusitis.(3 marks)

4-List the signs of acute laryngeal obstruction. (4 marks).



JUNE 1993

Answer all questions: no surgical details are required:

1- A male Patient. 25 years asked medical advice because of intense headache together with discharge from the left eat, the ear discharge was scanty foul smelling and of 5 years duration. Headache started 6 weeks ago. Increased in the last 2 and became associated with vomiting, vertigo and blurring of vision. On examination, the patient

was found not alert, having abnormal gait with tendency to fall to the Right side. His
temp was 36°c the pulse was 60/min. examination of the ear revealed it attic perforation
and tuning fork testing showed Right C.H.L.

I) State the most probable diagnosis of this case. Give reasons. (6 marks)

II) List the investigations you order to prove your diagnosis. Comment on the possible
findings. (5 marks)

III) Explain the cause of the following findings.

- **Vertigo.**
- **Blurring of vision.**
- **Vomiting.**
- **Temperature 36°C**

IV) Describe the treatment of this patient

2- Give a short account on:

a. Quinsy. (10 marks)

b. Stridor. (10 marks)

3- Give a short account on.

a. Treatment of a case of severe epistaxis (10 marks).

b. Achalasia of the cardia (10 marks)

JUNE 1994

1- A female patient 51 year old was admitted to the hospital because of sever e dysphagia of 2 months duration. The condition started by experiencing difficulty in
swallowing solid food, which was arrested at the root of the neck by t of the last few

3- Mention the most important investigations needed in this case. Comment on the
Expected findings. (5 marks).

2- Give a short account on secretory otitis media. (10 marks).

3-

a. Describe the main lines of treatment of Bell's palsy. (5marks).

b. Enumerate the indications of tracheostomy. (5marks).

c. Discuss rhinolalia. (5 marks).

d. Describe the treatment of acute corrosive Oesophagitis. (5 marks).



June 1995

1- A female patient 18 years old seaked medical advise because of inability to close her right eye of three days duration she gave a history of days even fluids became also difficult to swallow,she had change of voice of one month duration and difficulty in respiration for days. She gave a history of dysphagia for the last 10 years. On examination, the patient had stridor, marked pallor of the mucous membrane of the oral cavity, glazed tongue and loss of weight. Examination to the neck revealed mobile hard upper deep cervical lymph nodes. The click was found absent.

I) What is the most probable diagnosis? Give reasons to substantiate your diagnosis. (4 marks)
II) Explain the following findings:
o Stridor (2 marks).
o Long history of dysphagia (2 marks).
o Enlarged cervical lymph nodes. (2 marks).

2-
I) Discuss the symptom, signs and treatment of malignant maxilla. (10 marks)
II) Discuss quinsy. (10 marks)

3-
I) Discuss briefly the causes of stridor in young children. (10 marks).
II) Enumerate the operative complications of tracheostomy. (5 marks).
III) Describe the picture of Barium following conditions.
o Cardiac achalasia.
o Post corrosive esophageal stricture.
o Carcinoma of the midesophagus. (5 marks).

June 1996

1- A 30 year old male, with history of chronic frontal sinusitis he spent his last holiday in Sharm El Sheik, it was his first visit and enjoyed much diving in Red Sea. At the end of his trip he started to complain of mild fever 37.80C, frontal headache that increased gradually from morning headache to whole day. The patient also complained of mucopurulent nasal and postnasal discharge. He consulted a doctor who noticed redness and puffiness over the right frontal sinus, nasal examination revealed pus in the middle meatus, Examination of the eye revealed swollen upper eye lid, otherwise the eye moves freely and its structures were normal. The Doc. Prescribed ampicillin 500mg tds, Antihistaminic and nasal drops.2 days later the patient deteriorated; fever 39.50C, and was very toxic, anorexic and the headache was bursting and associated with vomiting neck rigidity was also noticed.

I) What is your diagnosis and give reason. (5 marks)

II) What are the most important investigations needed to confirm your diagnosis. Comment on the possible findings. (5 marks)

III) What are the other possible complications that can occur in the same anatomical region? (5marks).

IV) How would you manage the case? (5marks).

2- Discuss:

- **Stridor in children causes and management (5 marks)**
- **Different types for deafness and how to differentiate between them. (5 marks).**

3- Give a short account on:

- **Esophageal causes of dysphagia. (5 marks).**
- **Management of Severe epistaxis. (5 marks).**
- **Otalgia. (5marks).**
- **Complications of Tonsillectomy. (5 marks).**



July 1997

***Time allowed 90 minutes "All Questions are to be answered"**

1) A female patient 27 years old asked for medical advice because of sudden inability to close the right eye and deviation of the angle of the month on smelling to the left side of two days duration. She noticed discomfort on hearing loud sounds and a metallic taste in the mouth. She gave no history of trauma or discharge from the right ear prior to her illness. E.N.T examination revealed inability to mobilize all the muscles of the face. The right external auditory meatus and the tympanic membrane were found normal.

1- State the most probable clinical diagnosis. Give reasons to support your diagnosis.
2- Explain the following complaints:
o Discomfort to loud sounds.
o Abnormal taste.
3- Describe the management of this case.
4- Mention the prognosis in such a case.

2) Describe the symptoms and signs of a malignant maxilla. Describe two most important investigations you advise which have their bearing on the management.

3) Define stridor. Enumerate the three most common causes in a 3 years old child and describe their management.

4) Discuss briefly the complications of adenoids.

July 98

ALL QUSTION ARE TO BE ANSWERED:

1- A 19 year old girl presented to the ENT specialist because of bleeding from the right ear, impairment of following a slap on the right ear one hour before. On examination, blood clots were found in the right external auditory meatus, the drum membrane showed ecchymosis along the handle of the malleus and a central anteroinferior perforation with irregular contused edges could be seen. Tuning fork testing revealed: Rinne's test was -ve in the right ear and positive in the left ear, Weber's test was lateralized to the right ear.

I) State the most probable diagnosis of this case. Give reasons to substantiate your diagnosis. (4 Marks)

II) Mention ONE important differential diagnosis and describe the differentiating points. (4 Marks)

III) Mention ONE important investigation you should order in this case and describe the possible findings. (2 Marks)

IV) Outline the treatment of this case. (5 marks)

V)

VI) List the possible complications of this case & describe their management. (5 marks)

- **List the indications of tonsillectomy. (3 Marks)**
- **Describe the preparation of a child 5 year old for Tonsillectomy. (3 Marks)**
- **Describe the postoperative care of a child who underwent tonsillectomy. (4 Marks)**

3- A male patient 54ys old presented with change of voice of 2 months duration.

- Mention THREE common important causes to account for his symptom. (3 Marks)

- Describe how ho you reach a definite diagnosis in this case.(7 marks)

4- A male patient 58 years old presented with sever bleeding from the right nostril of 30 minutes duration:

-Mention the first old measures you do in this case. (2 Marks)

-Describe the measures you can do to stop bleeding. (4 Marks)

-Describe how to prevent the recurrence of this bleeding.(4 Marks)

September 98

1. A male child 3years old presented to the emergency department of the hospital at 3 AM because of severe respiratory distress of one hour duration. His mother stated that her child was awakened from slee by cough, hoarse voice and respiratory distress. On examination: Temperature was 39C. Pulse rate was 110/mn and the respiratory rate was 30/minute. The child had stridor more manifest during inspiration, he had working ala nasi and supraclavicular recession. However, he was not cyanosed.

a. Mention the most probable diagnosis and give reasons to substantiate it. 5 marks

b. List 2 imporatnat common differential diagnosis and menion the differentiating points. 5 marks

c. Describe the first-aid measures you advise in this case. 5 marks

d. Describe other measures you advise to treat this child in case of previous measures fail. 5 marks

2. Discuss the symptoms, signs, diagnosis and treatment of bilateral

secretory otitis media in a child 5 years old. 10 marks
3. List the common indications of tonsillectomy. Describe briefly the postoperative complications of the operation and their management. 10 marks
4. List the causes of unilateral recurrent epistaxis. Describe briefly the management of a severe case of epistaxis. 10 marks



June 99

ALL QUESTIONS ARE TO BE ANSWERED:

1- A male patient 32-y old was referred from a Neurosurgeon for Otological evaluation. The patient has had a motor car accident two days before. He gave a history of loss of consciousness for few minutes together with bleeding from the right ear. The patient stated that he could not move the right side of his face since the recovery of his consciousness. On examination: blood clots were found in the right external auditory meatus, ecchymosis of the right tympanic membrane and a central posterior perforation with irregular edges could be seen. Tuning Fork examination revealed: Rinne's test was negative in the right car and positive in the left ear, Weber's test was lateralized to the right ear. The patient could not close the right eye, or move the right angle of his mouth.
1. State the most likely diagnosis. Give reasons to support it. (5 marks)
2. Mention four essential investigation you order in this case and comment on the possible findings. (5 marks)
3. Outline the treatment of this case. (4 marks)
2- Describe the symptoms, signs, diagnosis and complication of adenoids. (12 marks)

3- Enumerate the three most common granulomata of the nose in Egypt. Describe the etiology, symptoms, signs, diagnosis and treatment of the commonest. (12 marks)

4- Describe the symptoms, signs, diagnosis and diagnosis and treatment of vocal fold carcinoma. (12 marks)

June 2000

ALL QUESTIONS ARE TO BE ANSWERED:

1) A male patient 59 y. old with bilateral neck swelling of 2 month duration of insidious onset &progressive course he gave a history of bilateral nasal discharge. he reported impairment of hearing of both ear for the last month.On examination;

i) nasal intonation
ii) bilateral multiple hard swellings deep to sternomastoid
iii) right palatal paralysis
iv) both drum membrane is intact & retracted
v) –ve Rinne test in both ears
vi) Weber's test was found central

Questions:

I) type of hearing loss & it's cause
II) most probable diagnosis & give reasons to support it
III) type of nasal intonation & it's cause
IV) mention 3 investigation & comment on the possible findings
V) ttt of this case

2) disscus the etiology , symptoms , signs , diagnosis & ttt of acute maxillary sinusitis

3) define stridor ,it's causes in a 5 y old child previously healthy & describe the management

5) discuss the causes &clinical picture & diagnosis & ttt of traumatic rupture of tympanic membrane

September 2000

1. A male child 3years old presented to the emergency department of the hospital at 3 AM because of severe respiratory distress of one hour duration. His mother stated that her child was awakened from slee by cough, hoarse voice and respiratory distress. On examination: Temperature was 39C. Pulse rate was 110/mn and the respiratory rate was 30/minute. The child had stridor more manifest during inspiration, he had working ala nasi and supraclavicular recession. However, he was not cyanosed.

a. Mention the most probable diagnosis and give reasons to substantiate it. 5 marks

b. List 2 imporatnat common differential diagnosis and menion the differentiating points. 5 marks

c. Describe the first-aid measures you advise in this case. 5 marks

d. Describe other measures you advise to treat this child in case of previous measures fail. 5 marks

2. Discuss the symptoms, signs, diagnosis and treatment of bilateral secretory otitis media in a child 5 years old. 10 marks

3. List the common indications of tonsillectomy. Describe briefly the postoperative complications of the operation and their management. 10 marks

4. List the causes of unilateral recurrent epistaxis. Describe briefly the management of a severe case of epistaxis. 10 marks

June 2001

1) A 15 y. old boy presented to the ENT clinic with severe nose bleeding. On examination he looked very pale & history of 2 similar attack & gradual progressive nasal obstruction. Ant. Rhinoscopy revealed nothing relevant apart from blood clots.

a) how would you proceed to reach provisional clinical diagnosis.

b) what are the relevant investigations necessary to reach a final diagnosis.

c) mention the possible diffrential diagnosis of this case

d) outline the ttt of this case

2) discuss symptoms, signs ,investigations & ttt O.M.E.

3) discuss indication & postoperative complication of tracheostomy.

4) Give an account on localized suppuration in relation to pharynx

September 2001

1. 60 years old man presented with hoarsness of voice for six months duration, but what aware him was the recent appearance of a lump in the lateral side of the neck.

a. How do you proceed to reach clinical diagnosis in this case? 10 marks

b. How do you confirm your clinical diagnosis and final diagnosis in this case? 10 marks

c. Mention the possible differential diagnosis of this case. 10 marks

d. Outline the treatment of this case. 10 marks

2. Discuss symptoms, signs, investigations and treatment of bilateral allergic nasal polypi. 20 marks

3. Discuss indications, contraindications and preoperative preparation for tonsillectomy. 20 marks

4. Discuss symptoms, signs, investigations and treatment of cholesteatoma. 20 marks



June 2002

1- a 50 Y. old male patient presented to the ENT clinic with diminution of hearing in the right ear and a very firm lump in the upper part of the neck on the right side.also the patient complained of occasional bloody nasal discharge examination revealed normal left ear,retracted drum membrane and fliud level in the right ear . ant. Rhinoscopy was irrelevant.oral examination revealed partial immobility of the right side of the soft palate.
a.state the most probable diagnosis and give reasons.
b.mention 2 other symptoms or signs
c.mention the relevant investigations.
d.describe the lines of ttt.
2-a.discuss the etiology and ttt of traumatic perforation of the the tympanic membrane.
b.discuss the clinical picture and ttt of acute laryngitis in youg child.
3-a.discuss ttt of Bell's palsy.
b.enumerate causes of epistaxis.
4-a.discuss the etiology of acute sinusitis.
b.enumerate esophageal causes of dysphagia.

قالوا:
لا تطمئن الي عدوك و ان ابدي لك المقاربة وان ابسط لك وجهه و خفض لك جناحه...فانه يتربص بك الدوائر...و يضمر لك الغوائل ...و لا يرتجي صلاحا الا في فسادك... و لا رفعة الا بسقوط جاهك...

September 2002

1- a 20 Y. old female patient had been complaining of left ear discharge for the last five years.the discharge was scanty and foul smelling.five weeks she started to suffer from headache which did not respond to usual analgesics.headache

gradually increased in the last week and become associated with projectile vomiting,vertigo and blurring of vision.O/E,the patient was found drowsy,having ataxia with tendency to fall to the left side.temperature was 36.5 and pulse was 60/min examination of the ear revealed lt attic perforation.
a.what are the most probable diagnosis?
b.give reasons to support your diagnosis.
c.what are investigations that can be done to confirm diagnosis.
d.describe the ttt of this patient.
2-discuss management of severe epistaxis.
3-a. describe the sensory nerve supply of external and middle ears and enumerate the causes of referred earache.
b.discuss the clinical and radiological findings in cancer esophygus, post-corrosive stricture and cardiac achalsia.
4-a.define a stridor and enumerate its causes.
b.discuss the management of bleeding after tonsillectomy.

امنت بالله بعد النفس في ثقة	و تفحصت عيناي بامعان
و ايقنت ان طريق المجد يصنعه	علم و سعي دؤوب غير كسلان
فمن اراد العلا يمضي لساحته	يستوعب الافكار من قاص و دان
و يستزيد بخبرة اهل العلم في نهم	فهي الينا بيع تروي كل ظمآن

النت للكبار فقط
(بكيبورد goodman)
Lamada.net

"واحد قاعد على الكمبيوتر وواضح من تجعد مقعده وتليين مفاصله من حين لاخر انه قاعد بقاله عشر ساعات مثلا"

- يا محمود , مين "عمرى ما خنتك" ده؟

- دى لسه عارفها من الياهو كبر دماغك

- ....

- يا محمود مين "انطق يا لوح"؟

- اتكلمت؟

- لا دخلت اون لاين بس

- سيبك منها دى بتتقل يا عم

- انا هقفلك المسنجر بتاعك مش طالبه وجع دماغ

- اوعى............ ده انا مستنى حد مهم اوى

- مش اللى غاويه صور كلاب دى؟

- يا عم انت مالك

- مانت عاملى قلق مش عارف اتكلم

- مليش دعوه سيبه شغال يا اما تقوم

- لا هقفله

- يا ماما خليه يسيبلى المسنجر بتاعى

- سيبله يبنى الاستنجر ده ربنا يهديك

- (بصوت واطى) هتسيبه ولا اقولها على الكام بتاعة البت بتاعة تايلاند؟

- لا خلاص الله يحرقك

- ايوه كده خلينا حبايب

- طب هشيل البرنامج بتاع القاموس ده متقل الجهاز

- يبنى جت على ده؟

- اه رخم عاملى قلق

- طب شيله مستريح كده؟ يا رب تهمد باه

- اشطه ريتا جت ما تخلع انت باه من الاوضه؟

- اروح فين يعنى؟ اقعد فى المطبخ؟

- يا عم اقعد مع بابا فى الصاله

- لا يا عم بيتفرج على النشره دلوقتى

- يبنى يلا باه عاوز اشوف البت

- طب ما تشوفها حد حايشك
- اصلها بتتكسف
- وهى شايفانى؟ ايه العبط ده
- لا يا عم بتحلفنى ان محدش شايفها

- مش خارج هه
- ايه يا واد انت وهو؟ عاملين قلق ليه؟ والله انده لابوكوا طب وادى الفيشه
- لالالالالالالالالالالالالالالا
- قوم باه انت وهو ذاكر ده انت بقيت فى اولى اعدادى وانت كمان يا بتاع الابتدائيه انت راخر

May 2003

1- a diabetic male patient 60 years old presented with severe illness,repeated rigors,marked edema of both eye lids,chemosis of conjunctiva and forward proptosis of the right eye ball,one week prior to presentation he started to suffer from severe throbbing pain in his nose and he didn't receive any medical ttt.examination of the nose showed a small reddish tender swelling in the Rt nasal vestibule.
a.what did the patient develop one week prior the presentation?(5 m)
b.what are the complication ,the patient developed and explain how this complication occur?(5 m)
c.mention the other symptom and signs do you expect at this stage?(5 m)
d.how to confirm the diagnosis of this complication and outline the ttt.(5 m)
2-define otitis media with effusion,mention its symptoms,signs,investigation and ttt.(20 m)
3-a. outline ttt of fractured nasal bones.(10 m)
b.enumerate the 3 most common granulomata of the nose in Egypt and describe the management of the commonest.(10 m)
4-a.list the investigation you will order in a case of dysphagia and please comment on the possible radiological finding in:
1-cancer esophagus 2-achalasia 3-simple benign stricture (10 m)
b.what's the effect of bilateral recurrent laryngeal nerve paralysis on phonation and respiration? mention the most important 2 causes.
(10 marks)
No surgical details are required
1) A male patient 30y old has been complaining from discharging Rt ear for at least 15 years.the discharge was offensive ,scanty&purulent.3days ago he started to complain from inability to close Rt eye and the relative noticed deviation of the angle of his mouth to the Lt side while smiling.O/E the discharge was coming from Rt attic perforation.
a) What is the possiple diagonosis?Give Reasons. (4Marks)
b) What is pathogenesis of the complication which patient developed? (4Marks)
c) What are th possiple clincal signs you should look for? (4Marks)
d) What are the Investigations you will order in this case and briefly describe the findings? (4Marks)
e) Briefly state the ttt of this case. (4Marks)
2) a) Describe the c/p and ttt of Rhinoscleroma. (10Marks)
b) List the local causes of epistaxis and management of the most common type (10Marks)

3) Mention the causes of Earache (20Marks)
4) a) List the causes of Laryngeal obstruction in children (10Marks)
b) Mention the ttt of acute corrosive oesophagitis (10Marks)

SEPTEMBER 2003

1- a male pt. 30 y. has been complaining from rt. ear dicharge at least 15 years , the discharge was offensive , scanty and purulent , 3 days ago he started to complain from inability to close rt. eye and the relative noticed deviation of the angle of his mouth to the left side while smiling . on examination the discharge was coming from rt. attis perforation
a- wht is the posssible diagnosis ? give reasons ? 4 MARKS
b- wht is the pathogenesis of the complication which the pt. developed ? 4 MARKS
c-wht is the possible clinical signs u should look 4 ? 4 MARKS
d-wht r the investigation u will order in this case and briefly describe the finding ? 4
e- state ttt of this case ? 4 MARKS

2-
a- c/p and ttt of rhinoscleroma ? 10 MARKS
b- list local causes of epistaxis and management of the most common type ? 10 MARKS
3- mention causes of earache 20 MARKS
4-
a-causes of laryngeal obstruction in children 10 M
b- mention ttt of acute corrosive esophagitis 10 M

May 2004

1) A male patient 25y old has presented with impairment in the Lt ear of 6years duration .He gave history of long standing on,&off profuse mucopurulent discharge form the Rt ear usually follow attacks of common cold,and usually stops with medical ttt.Also he gave history of chronic left ear discharge which is continous ,scanty,purulent,and offensive which does not respond to medical treatment. 5 weeks ago,he started to complain from transient vertigo upon pressing on left tragus.Examination revealed Rt dry central kidney perforation,and Lt attic perforation .Fistula test was positive in Lt ear,and Tunning fork test demontrated bilateral negative.Rinne's test and Weber's test showed lateralization to the Lt ear.
a) What is the possiple diagonosis of the case(both the original conditon,and the complication);give Reasons. (6Marks)
b) Mention the type of hearing loss the patient suffers from,and comment on the tunning fork tests in this patient. (5Marks)
c) Mention the most important two relevant investigations and comment on the possible findings. (5Marks)
d) Outline the treatment of the case. (4Marks)
2) Give an account on Diagnosis of Otosclerosis. (10Marks)
3) Give an account on Posterior Choanal Atresia. (10Marks)
4) Give an account on Management of Fracture of The Nasal Bones (10Marks)

5) Define Stridor,and describe its C/P.c (10Marks)
6) Enumerate indications of Tracheostomy and mention the most important two causes of sudden respiratory obstruction which may occur few days after Tracheostomy. (10Marks)
7) Describe the C/P of Adenoids. (10Marks)
N.B. No surgical details are required

September 2004

1. A 4-year-old child developed severe pain in the right ear together with a rise of temperature (39 C) following an attack of acute rhinitis. The child received medical treatment which led to the drop of temperature and diminution of pain and the mother noticed that her child was unable to close his right eye with deviation of the angle of the mouth to the left side on crying.
a. What is the most probable diagnosis of the case (both the original and the complication) and explain the etiology of the complication? 5 marks
b. What are the possible otologic findings? 5 marks
c. What are the electrophysiologic investigations which may be needed? 5 marks
d. How to treat this patient? 5 marks
2. Give an account on acute mastoiditis. 20 marks
3. Give an account on etiology, clinical picture, investigations and treatment of acute sinusitis. 20 marks
4. Give an account on sudden stridor in children. 20 marks

May 2005

1. A 4 year-old boy was initially referred by his general practioner for management of recurrent epistaxis. These did not respond to simple first line measures including cautery of the nasal septum. Over a 2-year period he was twice admitted for blood transfusion. At the time of admission for the second transfusion, the patient complained of difficult breathing through the nose, specially the right side. Subsequent examination revealed a large mass within the right nasal cavity and nasopharynx.
a. What is the most probable diagnosis? Give reasons to support your diagnosis
b. What investigations are indicated? 4 marks
c. Describe the main histological features of the condition. 5 marks
d. Outline the treatment of the case. 5 marks
2. Give an account on etiology, symptoms, signs and treatment of acute suppurative otitis media. 20 marks
3. Give an account on symptoms, signs, investigations and complications of adenoids. 20 marks
4. A) Mention the types and causes of nasal discharge. 10 marks
B) Mention local causes of epistaxis. 10 marks

September 2005

1. A family was enjoying eating watermelon, one of the kids has had a sudden bout of severe cough, choking, dyspnea and cyanosis for few minutes, then he remained 3 days without symptoms and he started agai coughand expectoration of yellowish sputum

a. What is the most probable diagnosis? Give reasons to support your diagnosis. 5 marks
b. Give an account on the possible findings in clinical examination and investigations? 10 marks
c. What is the treatment of such a condition? 5 marks
2. Give an account on differences between acute suppurative otitis medi infants and young children and that of adults. 20 marks
3. Give an account on:
a. Management of severe epistaxis
b. The difference between diphtheria and acute follicular tonsillitis
4. Enumerate causes of esophageal dysphagia and give an account on corrosive esophagitis and post-corrosive stricture. 20 marks

May 2006

1. A 52 years old male patient presented with a 3 months history of deterioration of hearing in the right ear. For 2 months he had noticed an altered sensation on the right side of his face. Also he had noticed a slowly progressive hard lump in the neck below his right jaw. Examination revealed diminished movement of the right side of his palate and decreased sensation to touch and pinprick on the right side of the face. Examination of the ear revealed right sided otitis media with effusion, while the left ear being essentially normal. An adequate view of the nasopharynx could not be achieved with posterior rhinoscopy.
What is the likely diagnosis? Give reasons to support your diagnosis. 6 marks
What investigations might be of value? 5 marks
What is trotter's triad? 4 marks
How do you treat this patient? 5 marks
2. Give an account on: Traumatic perforation of the tympanic membrane. 10 marks Indications, contraindications and complications of ear wash. 10 marks
3. Give an account on: Fracture of the nasal bones Perforation of the nasal septum
4. Give an account on Foreign body inhaled in the tracheobronchial tree. 20 marks

Fourth year otorhinolaryngology examination
June fourth 2007
time allowed 20 minutes

Answer the following question:

A 27 year old female was brought to the accident and emergency department having been involved in a car accident.Her mother,who had been with her,said that she was unconscious for 2 minutes then she gradually regained consciousness.However,she was complaining of sever headache,reduced hearing and a buzzing noise in her right ear.

On examination she was alert and gave a clear medical history.General vital signs were stable.There was no active bleeding but the right external auditory canal was full of blood.The left ear was normal.Weber test was lateralized to the right ear and Rinne test was positive on the left side and negative on the right side.Facial nerve was intact on both sides.

1) **Should the blood clot be removed from the right ear?Give reasons for your choice?**
2) **What is the most probable diagnosis of this patient?**
3) **What are the investigations needed to reah a final diagnosis?**
4) **Describe the treatment of this condition?**



Community


FAMILY & COMMUNITY
MEDICINE
Dedication
Caring
Humanity
Excellence



Community Curriculum

1. Overall Aims Of Course:

The course is designed to introduce the student to:

1. Graduate community oriented physicians capable of promoting physical, mental and social health.
2. Use public health tools for prevention and control of health problems.
3. Apply basic research tools to solve health problems and improve health systems.

2. Intended Learning Outcomes Of Course (ILOS):

1. Knowledge & Understanding:

At the end of the course students should be able to:

1. Understand basic concepts of epidemiologic biostatistics.
2. Understand quality concepts, people management, performance improvement.
3. Know and understand basic concepts in environmental and behavioural medicine.

2. Intellectual Skills:

1. Definition identification, making priouts of public health problems.
2. Critical review of literature.
3. Systemic approach of thinking

3. Professional & Practical Skills:

1. Apply appropriate health promotion, disease prevention and control measures.
2. Identify behavioural and social variables impacting health and disease.
3. Anticipate, assess and advise on management of occupational and environmental health hazards in various settings.

4. General & Transferable Skills:

1. Communication.
2. Computer.
3. Use of internet

3. Contents

Topic	No. of hours	Lecture	Tutorial/ Practical
General epidemiology and methodology	29	14	15
Child health	94	43	51
Adult health	76	35	41
Women health	62	10	52

Occupational medicine	43	12	31
Geriatrics health	25	15	10
Total	329 hours	129 hours	200 hours

4. Teaching & Learning Methods:

1. Lectures.
2. Field visits.
3. Self learning.
4. Tutorial

5. Student Assessment:

Assessment methods:

1. MCQ to assess Knowledge.
2. Short essay to assess Knowledge.
3. Oral to assess Knowledge + attitude.
4. Practical to assess Skills.

Assessment schedule:

1. Assessment 1 Practical week variable.
2. Assessment 2 MCQ week mid year (13-15).
3. Assessment 3 Final week end of year (30-32).
4. Assessment 4 Oral week (30-32).

Weighting of Assessments:

1. Mid year examination 20%.
2. Final year examination 50%.
3. Oral examination 20%.
4. Practical examination 10%.
5. Semester work %
6. Other types of assessment %

6. List of References:

1. Course notes
    - Community, Environmental and Occupational medicine
    - Fourth year book.
2. Essential books (text books)
    - Department book
3. Recommended books
    - La Dou
    - Maxcy
4. Periodicals, Web sites, ... Etc.
    - The web site of the department under construction.
    - Other WHO sites, CDC sites, Super course in epidemiology

7. Facilities Required For Teaching And Learning:

1. computers
2. data show.
3. internet access.
4. buses
5. Lecture halls.
6. Skill labs

Child health

1- list the diseases against which immunization is 1st year of life in Egypt.describe the time schedule,methods of administration and material used for each one of them.
2- describe the preschool mortality rate in Egypt .
3- give an account on secondary prevention of maternal disorders in adolescent.
4-in a nutritional survey out in a rural area among 10.000 primary school children.
*** list the possible deficiency diseases that can be found in such survey.**
***describe a program of prevention and control of these diseases.**
5-describe the epidemiology of Rickets in Egypt and its prevention.
6- describe the epidemiology of PEM in Egypt .
7-discuss the principles and elements of successful program of primary health care (PHC).
8-define "infant mortality rate" discuss the factors that determine the value of this rate in the community.
9-list the elements of PHC and describe the supportive activities in such health care system.
10-describe the possible factors related to protein energy malnutrition(PEM) in Egypt.
11-discuss the objectives of PHC .
12-give an account on health arrasial of school children.
13-describe the strategy of implementing basic health needs in PHC
14-define primary health care ,describe the elements of basic health needs.
15-give an account on infant feeding and proper methods of weaning.
16-discuss the risk factors of malnutrition.
17-describe the objectives and principles of school meal as an example of supplementary feeding programs.

Woman health

1-discuss the goal and scope of family planning program in Egypt.2
2-describe the relation between crude birth rate and infant mortality rate.
3-discuss the measures taken by health centers to reduce morbidity and mortality from puerperal sepsis.
4-discuss the causes of high fertility rate in Egypt.
5- describe the measures used to estimate the population changes.discuss population problem in Egypt and compare with the developed countries.
6-discuss the risk factors of developing cancer breast and prevention of this disease.
7-discuss the epidemiology and prevention of obesity.
8-define the maternal mortality rate discuss the factors that determine the value of this rate.
9-describe the food balance sheet in Egypt.
10-list the various types of nutritional aneamias in Egypt.

11-how can you calculate the maternal rate what's the importance pf calculating this rate.
12-describe the characteristics of population pyramid in Egypt and their impact on health service planning.
9) Give an account on HEALTH HAZARDS OF SMOKING .
10)Discuss the risk factors of DEVELOPING CANCER BREAST & prevention of this diseases .
11)Describe the epidemiology & prevention of OBESITY .
12)Describe the risk factors of BRONCHOGENIC CARCINOMA .



Adult health

1- discuss the risk factors of bronchogenic carcinoma.
2-List food groups and describe the objectives of supplementary feeding programs.
3-give an account on the pattern of Egyptian diet and its reflection on health.
4-Give an account on health hazards of smoking.
5-describe the prevention of cancer colon.
6-define primary and secondary prevention of cancer base on current knowledge of risk factors,describe the primary prevention of disease.
7-describe the measures to be taken to prevent DM
8-discuss the preventive methods of bronchogenic carcinoma.
9-discuss levels of prevention in rheumatic heart disease.
10-Discuss the risk factors of ischemic heart disease.

Occupational Health

1) Describe the duties of FACTORY PHYSICIAN .
2) Describe the prevention measures against HEAT DISORDERS .
3) List the HEAR RELATED DISORDERS & discuss the prevention of one of them .
4) Discuss the duties of OCCUPATIONAL HEALTH TEAM in glass factory .
5) Write an account on health hazards of IONIZING RADIATION .
6) Discuss the duties of OCCUPATIONAL HEALTH PHYSICIAN .
7) Describe the role of INDUSRIAL PHYSICIAN in a factory .
8) Describe the etiology, diagnosis & prevention of SILICOSIS .
9) List the etiological factors of ACCIDENTS , describe the methods of prevention
10) Discuss the prevention measures to workers exposed to IONIZING RADIATION

11) Discuss the prevention measures to workers exposed to NOISE .
12) Write an account on health hazards of exposure to NOISE .
13) List the OCCUPATIONAL LUNG DISEASES which are caused by exposure to cotton dust , discuss the prevention of one of them .
14) Give short notes on one of either:
   * Goals of genetic counseling .
   OR , * Ethical issues in prenatal diagnosis .
15) Describe the epidemiology of DECOMPRESSION SICKNESS .
16) Write a notes on LIFE EXPECTANCY in Egypt .



CoMMuNiTy

1994

1-In July 1993, 200 cases of fever were admitted to fever hospital in Aswan, during the same period in 1991 and 1992 only 62 and 50 cases were admitted respectively, admitted cases in 1993 suffered from high fever with severe headache, Myalgia and Arthralgia, 20 of them complained of disturbance of vision and 50 died few hours after admission to hospital, the rest were given supportive treatment and were cured within 3 to 5 days, cases included all ages, both sexes and 70% of them dealt with animals.
During the months of May and June 1993 a veterinarian noted increased incidence of

abortion among cattle and death of camels.
a- Calculate the case fatality rate,
b- List the steps to be used to investigate outbreak.
c- What are the possible differential diagnoses of public health importance of such an outbreak?
d-Describe briefly the future preventive measures to be taken.
2-Write an account on PERIODICAL MEDICAL EXAMINATION of industrial workers.
3-Describe the solution for the CURRENT POPULATION PROBLEM in Egypt
4-Discuss the epidemiology and prevention of ENDEMIC GOITER as a public health problem.
5-Discuss the levels of prevention of CHRONIC RHEUMATIC HEART DISEASE among school children.
6-Discuss the HEPATITIS (B) MARKERS; describe the epidemiological significance of each one
7-A 12 years old boy in a 1ry school at Abassia district complained of sudden onset of irregular fever, malaise, nausea and vomiting, severe headache and muscle pain with stiff neck, the school physician suspected an epidemic of cerebrospinal meningitis. What are the measures to be taken for the boy, for his young brother (10 years old) and sister (8 years old) as well as his parents and his class room contact in the school?
8-List THE HEALTH PROBLEM among the elderly population and plan a program for geriatric health services.
9-In a village of 800,000 inhabitants 32,000 live births were recorded in 1985, the recorded death in that year were (264 of them died in the first week) and 4544 other persons including 200 still births and 32 women who died because of post-partum hemorrhage and other causes related to pregnancy and labor.
Calculate the other following vital rates in village in 1985;

- **Rate of natural increase of the population**
- **Peri-natal mortality rate.**
- **Maternal mortality rate.**

1995

ALL QUSTIONS ARE TO BE ANSWERED
1) Enumerate the basic components of MATERNAL HEALTH PROGRAM & discuss the public health importance of PRENATAL INVESTIGATION.
2) Write an account on the prevention of TETANUS NEONATOTUM.
3) Write an account on the delayed effects of exposure to IONIZING RADIATION.
4) In May 1995 , 10 adults male visited the outpatient clinic to Ain-Shams hospital complaining of fatigue following minimal efforts , constipation & muscle weakness , on examination pallor was detected as well as a blue discoloration of

the gums all of them worked in a nearby factory for manufacture of bottom , next day another worker for the same factory was admitted with severe abdominal colic , Discuss the possible diagnosis , investigation needed & describe measures to be taken for prevention .

5) Discuss the epidemiology & prevention of IRON DEFICIENCY ANAEMIA in Egypt .

6) In a district of Qalubia governorate , the population in 1994 was 180,000 persons , 1980 death in all ages & 5400 births were reported out of these births 130,000 in the first year of life (160 died in the last 11 month of the first year of life)

a- Calculate the rate of death .

b- Calculate the neonatal mortality rate .

c- Write short account on the risk factors of infant mortality in Egypt .

7) 200 student joined a seaside summer camp at 7:00p.m. on Saturday 8th August 1995 , at 8:00 p.m. they received a dinner of fish , shell fish , backed potatoes , green salad & watermelon , at 8:00a.m. next morning 50 students suffer from nausea , vomiting , diarrhea ,examination showed that they were drowsy & had fever of 38 C What is your provisional diagnosis? Discuss the steps to follow to investigate this situation.

8)In fayoum,the population in 1984 was 880.000 persons the reported new cases of TB was 7040 cases, in 1994 population was 1200 cases.

a-compare the incidence rate of TB in 1984 to 1994

b-discuss the risk factors to contact TB

c-give an account on the methods of prevention of TB

9) 200 students joined a seaside summer camp at 7.00p.m on Saturday 8-8-1990 at 8.00pm they received a dinner for fish,shellfish,backed potatoes,greensalad and watermelon.at 8.00am next morning 50 students suffer nausea,vomiting and diarrhea.O/E they are drowsy and had fever of 38 c.what is your provisional diagnosis?discuss the steps to follow to investigate this situation.

10)Write an account on the health precaution to be taken for travelers coming from Zaire.

قالوا:

هناك من الاجسام جسم يضغط فيكسر...و جسم يضغط فلا يكسر بل يلين و يتحور... و جسم يضغط فلا يكسر و لا يلين فيتحور بل ينقي فيتبلور...كذلك ضعيف النفس يكسر... و خبيثها يتحور... و قيمها ينقي و يتبلور...



1995

1-compare and contrast hepatitis"A"and hepatitis "B"as regard method of infection,prevention and control.
2-write an account on health precautions to be taken for travelers coming from Zaire.
3-discuss the prevention of schistomiasis in Egypt.
4-list the disease transmitted by food bought by school children from street vendors.discuss methods of prevention.
5-write an account on risk factors of sexually transmitted diseases.
1996
1- 8 years old child complained of fever 38 c for 2 days.on the third day ,he developed stiffness of the neck.what rae the measures would you take for this patient and his contacts at home and at school?
2-give an account on:
a)tetanus b)poliomyelitis
3-compare the epidemiology,prevention and control of salmonella and staph areus food poisoning.
4-discuss the prevention and control of schistosomiasis in rural areas of Egypt .
5-give an account on:
a)chemoprophylaxis against malaria.
b)international measures against yellow fever.

قالوا:
ان اسرع الاشياء نموا اسرعها فناء ... و ابطؤها حدثا ابطؤها نفاذا
...

1996

ALL QUESTIONS ARE TO BE ANSWERED:

1) Why iron deficiency anaemia is the main nutritional problem in developing countries & what are the risk groups of iron deficiency anaemia?

2) What are the components & objectives & comprehensive medical examination of school children . Give an account on the health records of the school children .

3) Give the etiology of home accidents & how to be prevented?

4) Discuss the possible etiology risk factors of cancer breast & its prevention .

5) Write an account on the general outline of prevention of occupational diseases .

6) A survey was conducted by 5th year medical student to study the problem of smoking among new medical students (1st year) the questionnaire was prepared & standardized , the study include 500 students in the first year in Dec 1994 , one hundred student out of 500 were smokers at the beginning of the study , after one year of fellow-up of non-smoker i.e. in Dec 1995 the questionnaire was reapplied & the result showed that 120 students converted to smokers .

calculate the following :

a) The prevalence rate of smoking in Dec 1994 .

b) The incidence rate of smoking in Dec 1995 .

c) The ratio of smoking in Dec 1995 .

7) Last night your younger brother & son of your porter (EL BAWAB) had been diagnosed to have typhoid fever , What are the control measures for each of them & their contacts & what are your preventive measures against typhoid fever?

8) Discuss the investigation of PRE NATAL CARE & its significance .

9) A 35 year old man was admitted to SHARM EL SHEIKH hospital with left hemiplagia he suffered severe pain in the right elbow these symptoms happened 6 hrs after diving in the sea , Discuss management of the case & prevention of future attacks .



July 1997

1) bilharziasis is a disease of national importance….describe this disease in Egypt
2) discuss preventive measures taken for:
a) 9 month old child his elder brother have measles
b) travelers going to malarias areas
3) compare the epidemiolodical features of:
a) poliomyelitis in Egypt more developed countries
b) an epidemic of cholera caused by El-Tor vibrio & that caused by classical cholera vibrio
4) a 35 y. old man with 2 children under 10 y. of age presented with cough, night fever& sweating.. his tuberculin testing is greater than 10 mm in duration. You suspected him to have TB.. what are the different preventive & control measures taken foor this man & his family?
5) what are the measure taken to decrease the risk of transmission of:
a) hepatitis B virus infection from pregnant female to her baby
b) tetanus infection in a wounded child 5 y. Old

July 1998

1) an Egyptian teacher is going to Africa to work for two months.. he asked your advice. What are you going to tell & give him against malaria infection?
2) what are the social & environmental risk factors associated with spread of:
a) measles b)meningitis
3) A 5 y. old child was playing with his neighbor's dog. He pulls his tail & the dog bit him in his right thigh. What are the measures taken if the dog is escaped?
4) Mention 3 causes of bacterial food intoxication& give account on eoidimology of one of them & discuss how to investigate outbreak of food poisoning
5) Write an account on:
a) Importance & use of tuberculin test
b) Prevention of AIDS

الموقف الجديد

Jungle Boy™ (بكيبورد)

الموقف الجديد ببنهـــا....

موقف موقف موقف ....

ترددت الصيــاحات للسائقين فى الصباح الباكر ... و تجمع آلاف من البشر يحاولون الوصول للموقف للذهاب لمصالحهم...

من بين البشر دول إحنــــا شايفين شـــاب وأمه يحاولون الوصول لسيـــارة - سوزوكى - عشان يروحوا الموقف ....

الشاب : إجرى يا مـــامـــا ... عربيـــه هنـــاك اهى بتقول الموقف...

الأم : أجرى إية بس يابنى ... أنا لو بعرف أجرى كنت كنت هاروح القصر العينى ليــه بس...

الشاب : يووه يا ماما عارف والله ... بس أهى العربيــه إتملت...

الأم : معلش يا بنى خيرهــا فى غيرهــا ... وبعديـــ .. آآآآآآآآه..

الشــــاب يصرخ فى غضب : مش تفتح يا .... كنت هتموت أمى يا ...... بس ميــن بقى ولا حد معبرة - كله مع السواق عشان هيركبوا معــاه - (مبقاش فى شهــامه)

يلا يا امى هنـــاخد مخصوص وأمرنـــا لله.....

وبعد عنـــاء طويـــــــــــــل نجح الشاب فى إيقاف سوزوكى مخصوص .... (حاجة عندنـــا فى بنهـــا (...

فى الموقف...

يلا يا ماما إنزلى عشان نطلع نركب أى حاجة ونخلص بقى....

الأم : حاضر يابنى براحة أنـــا مش قادرة....

السواق : يلا يا حاجة أحسن أميـن الشرطه جاى وممنوع الوقوف هنـــا....

الأم : حاضر يا بنى (فى سرهـــا - أمال نيجى الموقف جرى يعنى ... بلد ... ولا مواصلات ولا العربيـات تقف هنـــا حاجة تقرف(

أميـن الشرطه : إطلع - يلا - يلا إخلص.

السائق : حاضر يا باشا.

الأم : معلش يا بنى .... انـــا هنزل أهو بس الباب ضيق ..

أميـن الشرطه : يلا يا بنى أنـــا مش ناقص كلام من حد على الصبح (نازل قرفان أصلا - عالم غريبه(-

السواق مصدق الست تنزل رجلهـــا وهوب إيـــــــــ .....

ااه .... وتدحرج الأم فى الأرض...

الشـــاب وهو يحاول إنقاذ أمه : مش تحـاسب يـــا حمـــار يا .....

أمين الشرطه : ولا يهمك أنا خدت نمرته الواد ده أنـــا عارفه ... قومى يا حاجة .. ألف سلامه.

الأم : آه يابنى مش قادرة ... أنـــا جسمى إتكسر .... يلا خلينـــا نركب انـــا مش قادرة..

الشـــاب : معلش يا أمى ... يلا إسندى عليـــا....

أمـــام باب الموقف ...

الشاب : السلم طويـل عليكى قوى يا أمى .... إستنى هنـــا وأنـــا هطلع أحجزلك مكان فى العربيـــة وآخدك وإحنـــا نازليـن....

الأم : ماشى بس شوفلى حتــه أقعد فيــها....

ويقعد الشاب أمه ... ويطلع عشان يركب فى الدور الثالث ... - مش عارف العالم دى مبتحسش -

----

مصر مصر مصر....

الشاب : مؤسسه يا أسطى ؟ ...

السائق : أيوة يا بيــه ... العربيه الحمرا دى...

يركب الشاب ويحجز مكان لأمه بجانبـه ....

محجوز يا باشا ... محجوز يا مدام...

السائق : خلاص كده يا بيــه ...

الشـــاب : أيوه بس وحيـــاة أبوك إنزل من هنـــا عشان والدتى واقفه تحت....

الســائق : حاضر يا بيــه...

تتحرك السيــارة وتبدأ فى النزول ..... بعد مشاحنــــات ومشاجرات بين السائق - وزملائه... -

الشاب : هنـــا يا أسطى ... ثوانى أجيب الحاجة...

الشاب : ماما ... ماما ... مـامـــــا .... هيـــا راحت فيــن مـــــا ....

أيوه يا بنى ... انـــا هنـــا أهو...

يراها الشاب وقد جلست على كرسى بجوار أميـن الشرطه - صعبت على ولاد الحلال-

الشـــاب : يلا يا مامـــا..

الأم : حاضر يابنى .. خد بايدى يا بنى ربنـــا يكرمك ....

وتنهض الأم ثم يبدأ الإبن والأم - الجرى - عشان يلحقو العربيــه قبل ما السواق يقع فى إيد - الحكومه - أصل الوقوف ممنوع....

وينظر الشاب ويرى السائق وقد وقع فى يد الحكومة ...
- الواد إبن بلد يسيبوا لأ - يعمل فيهـــا فت..

الشـــاب : إركبى هنـــا يا مـــامـــا ... ثوانى.

الأم : أركب هنـــا يا بنى....

السائق : أوة يا حاجه إطلعى...

ركبت الأم السيـــارة و ما أن جلست على الكرسى - المريح - حتى باتت فى سبـــات عميــــــق...

الشاب : معلش يا باشا أنا اللى وقفته والله ... بس عشان الحاجة تعبـــانه جدا ومش قادرة تطلع كل ده ...... إمسحهـــا فيـــا أنـــا.

أميــن الشرطه (وقد أسعده - تذلل - المواطنين له - حس إنو لوا -) : خلاص بس يلا إطلع على طوول...

يهرع الشاب للركوب ويدخل السيـــارة ويجرى السائق ويغلق الشاب الباب .. وينظر ليبحث عن أمه ... فلا أثر لهـــا....

إستنى يا أسطـــــــــــــــى.....

يقفز الشاب من السيـــارة وهى مسرعة ليسقط ويتدحرج ويتشقلب و .... مش مهم المهم إتخرشم خالص.....

يهرع الشاب إلى الموقف مره أخرى ... ليرى آلاف البشر الذاهبين لكل مكـــــان...

أمــى ....
أمــى...

ويبدأ فى البحث بلا جدوى ... فقد إختفت ... وفجأه يرى على الجانب الآخر من الطريق سيـــارة مسرعة ... ويرى أمـــه وهى نائمه بداخلهـــا....

ماماااااااااااا ... إستنى يا أسطى ... ويجرى ورا العربيـــه ..... ولا الهوا ... - السواق مصدق حمل -

مخصوص .... مخصوص .... ولكن هيهـــات إبقى قابلنى لو لقيت أمك.......

JUNE 1999

1) Discuss the public health importance:
a) Periodic medical examination of food handlers
b) Tuberculin test
2) Describe the epidemiological picture of poliomyelitis in Egypt compared to developed countries
3) An 8 y. old child presented with fever, vomiting, neck rigidity & back pain. A lumbar puncture showed turbid CSF under tension he was diagnosed as a case of meningiococcal meningitis what are the appropriate control measure for the case & the contacts
4) give an account on:
a) prevention of neonatal tetanus
b) hepatitis B vaccination
5)Egyptian engineer going to work in south of Sudan for 3 month…….. what are the prevention measures taken before traveling &during his stay

June 2000

1) dicuss the cause of epidemology in our community
2) advantage & disadvantage of cohort study
3) descibe the epidemology feature of :
a) typhoid fever b) measles
4) describe the preventive measure for the following disease:
a) hepatitis B b) chicken box
5) describe situation of schistsomiasis in Egypt & discuss the prevention & control of this disease
6) mention the source of infection & incubation period of tetanus & give a brief account on prevention & control
6) Egypt considered a recipient area for yellow fever & write short on epidemology of yellow fever & the preventive & control measures in Egypt



June 2001

1) Mention:
a) Risk groups in AIDS
b) Mode of infection of anthrax
c) Pre & post exposure vaccination against rabies
2) Describe:
a) The epidemiology of yellow fever
b) Reservoir & mode of transmission of kala azar
c) Distribution & recent prevalence rates of bilharzias is in Egypt
3) Mention in short:
a) Chemo prophylaxis of malaria
b) Screening methods of diabetes
c) 2ry prevention of genetic disorders
4) Advice shortly how to prevent:
a) Renal disease
b) Coronary heart disease
c) Cancer stomach
5) Describe:
a) Factors affecting mental health
b)Protection of travelers to Mecca during pilgrimage
6) Give a health education talk to the public about:
a) Benefits of smoking cessation
b) Sources & hazards of air pollution
c) Main health problems among geriatric population
7) Mention in a table:
a) At lest 9 differences bet. Services offered by a hospital & that offered by 1ry health care units

b) Causative agent, exposed occupation & prevention of two ex. From bacterial, viral, parasitic& fungal occupational infection

8) Mention:

a) Advantage of breast-feeding

b) Types of hospital waste

c) Recent definition & causes of accidents

9) Mention in a diagrammatic chart:

a) Hazards of work place

b) Asphyxiates & irritant gases

c) General outline of prevention of occupational hazards

June 2002

1-discuss in details the following:

a)causes and prevention of work related stress (10 m)

b)main health hazards among hospital workers (10 m)

2-give short notes on:

a)types,risk factors and prevention of sexually transmitted diseases(10m)

b)how to assess the maternal health services(4 m)

3-give an account on:

a)health hazards and diseases pattern among elderly population in Egypt (10 m)

b)risk factors and prevention of osteoporosis among women.(4 m)

4-discuss shortly:

a)risk factors of ischemic heart disease.(10)

b)mode of transmission and prevention of anthrax.(4 m)

5-write an advisory talk to workers and managers of a factory about:

a)short term benefits of stopping smoking(5 m)

b)importance and economic value of occupational health(5 m)

6-discuss briefly: (18 m)

a)antioxidants.

b)risk factors of childhood malignancy.

c)hazards of lack of ergonomics.

September 2002

1-discuss the following:

a)common cause and symptoms of work related stress.

b)main health hazards among hospital workers.

2-give short notes on:

a)indices for measuring the magnitude of pulmonary TB

b)evaluation of family planning services.

3-advice your grand parents about diet,vaccination and screeninig to be adopted for promotion of their health and prevention of disease.

4-discuss shortly:

a)coal workers pneumociosis.

b)risk factors of DM

c)mode of transmission of filariasis

5-give an account on:

a)role of school in improving nutritional status of school children.

b)importance and economic value of ergonomics.

6-discuss briefly:

a)risk factors of occupational cancer.

b)musculoskeletal disorders of occupational origin.

June 2002

1-a)discuss therole of epidemiology in our community.
b)advantage and disadvantage of cohort study.
2-describe the epidemiological features of:
a)typhoid fever
b)measles
3-describe the preventive measures for the following:
a)hepatitis A b)chicken pox(varicella)
4-describe the situation of schistosomiasis in egypt,and discuss the prevention and control of this diseases
5-mention the source of infection and the incubation period of tetanus.give a brief account on the prevention and control
6-Egypt is considered a recipient area for yellow fever,write short account on the epidemiology of yellow fever and the preventive and control measures in Egypt



September 2002

1- give an account on recent definition and causes of work accidents.
2-comment on the importance(indicative value)of:
a)infant mortality rate. b)maternal mortality rate
3-define the main health problems of elderly population
4-write short notes on:

a)stages of behavioral changes and relapse
b)objectives of family planning
5-describe the prevention of:
a)noise induced deafness. b)hepatitis A
6-enumerate the types and causes of malnutrition
7-write short notes on the epidemiology of rift valley fever
8- enumerate the vaccination schedule for the first year of life.
9-describe lines of prevention of the quaraninable diseases
10-define the risk factors of hypertension.

June 2003

1-write short notes on:
a)hazards of smoking (10 m)
b)risk factors for diabetes (10 m)
2-write short notes on:
a)specific preventive measures of meningitis (10 m)
b)epidemiology and prevention of rickets (10 m)
3-discuss briefly:
a)complication of obesity (10 m)
b)advantage of breathing (10 m)
4-discuss briefly:
a)prevention of silicosis (10 m)
b)non-auditory effect of noise (10 m)
5-a)what are the practical application of tuberculin test? (5 m)
b)define maternal mortality rete and list the main causes of maternal deaths (5 m)
6-define aging and discuss the prevention of accidents in elderly (5 m)
define carrier and discuss its epidemiological importance (5 m)



September 2003

1. Write short notes on:
a) preventive measures of measles (10 Marks)
b) Epidemiology and prevention of protien energy malnutrition (10 Marks)
2. Give short notes on
a) Smoking cessation program (5Marks)
b) Risk fators of hypertension (10 Marks)
3. Discuss briefly
a) Hazards of over population (10 Marks)
b) Goals and objectives of family palnning (5Marks)
4. Give short account on
a) Prevention of asbestosis (10 Marks)
b) Health hazards of ionizing radiation (5Marks)
5. Write short notes on
a) BCG vaccination (5Marks)
b) Infant mortality rate and list the main Causes of Infant deaths (10 Marks)
6. Give short notes on
a) Health hazards among elderly (5Marks)
b) Epidemiologic importance of incubation period (5Marks
)

May 2004

1. Give short notes on
a) Health preservation of Aged persons
b) Risk factors of childhood cancer
c) Scope of family planning
2. Mention the prevention and control of:
a) Chicken pox b)Meningitis c)Brucellosis
3. Give short notes on:
a) Sanitary school Environment b)Analgesic nephropathy
c)Health hazards among hospital workers
4. Give your advice for protection of travelers to
a) Cameron b)India c)Mecca
5. Give short note on:
a) Causes and prevention of work related stress
b) Health Effects of Noise
c) Causes of occupational Accidents

September 2004

1.Give short notes:
a)Main health problems of aged persons
b)Risk factors of cancer breast
c)1ry health care
2.Mention the mode of transmision,prevention,& control of:
a)Measles b)Rabies c)Brucellosis
3.Give short notes on:
a)Sanitary school enviroment b)Analgesic nephropathy
c)Health hazards among hospital workers
4.Give your advice for protection of travelers to:
a)Nigeria b)Pakistan c)Mecca

5.Give short note on prevention of:
a)Work related stress
b)Musculoskeletal disorders
c)Occuptioal accidents

May 2005

All questions are to be answered:

1.Discuss the following:
- **a)Aims & uses of epidemiololgy**
- **b)Importance of notification of disease**
- **c)Uses of prediction models**

2.Mention the main lines of prevention of:
- **a)Travelers diarrhea**
- **b)Rheumatic fever**
- **c)Influenza**

3.Give short notes on:
- **a)Examples of occuptional parasitic infections**
- **b)Care for high risk child**
- **c)Natal & postnatal care of HIV mother**

4.Discuss the prevention of:
- **a)Work related stress**
- **b)Thalassemia**
- **c)Blindness**

5.give short notes on:
- **a)Recent outbreaks during the year 2004**
- **b)Health related behavioral models**
- **c)General outlines for prevention of occuptional disease**

6.Mention in a table for the health hazards among hospital workers

September 2005

1.Discuss:
- **a)Importance of antioxidants**
- **b)Health hazards after natural catastrophe of katrina in USA**
- **c)Uses of screening tests**
- **d)Main line of prevention of:**
  - ***Yellow fever**
  - ***Rabies**
  - ***Work related stress**

2.Give short notes:
- **a)DOTs strategy**
- **b)Polio eradication**
- **c)Occuptional & work related hazards among women**
- **d)Risk factors of:**
  - ***Osteoprosis**
  - ***Alzheimer`s disease**
  - ***Diabetic nephropathy**

3.Give short notes:
- **a)National program of elimenation of Lymphatic Filariasis**

b)Importance of occuptional health on national development
c)Non-auditory effect of noise
4.Give an account on:
a)Health hazards of ionizing radiation
b)Importance of school health program
c)Causes of occuptional accident

may 2006

1.Provide short notes on the following You can use diagrams for description):
a)Role of community medicine throughout the health spectrum
b)Components of health program for acertain group of population
c)Fertility rates
2.Discuss in short the the following:
a)Types,causes & prevention of high attiude illness
b)Cousling the mother in the integrated management of child health
c)Health risk of child labor
3.Comment on the following:
a)Components & health effects of enviromental tobacco smoke(ETS)
b)Nutriton for wokers in different exposures
c)Common causes & symptoms of work related stress
4.Mention in short the followig:
a)Benefits of the the application of ergonomics in the work places
b)Occuptional health system in Egypt
c)Occuptional exposure to Leptospirosis,toxoplasmosis & rubella
5.Mention the prevention of:
a)Meningoococcal meningitis
b)Ischemic heart disease
c)Brucellosis

september 2006

1.Give short notes on:
a)Steps of outbreak investigations
b)Poliomyelitis eradication in Egypt
c)Risk factors related to malnutrition
2.Discuss the following:
a)Risk factors of Leukemia
b)Evidence that support the association between enviromental tobacco smoke & child asthma
c)WHO classification for hospital waste
3.Write an account on:
a)Indication & health effect of air pollution
b)Enviromental & Organizationl factors that associated with occuptional accidents
c)Heat acclimatization
4.provide short notes on:
a)Main causes of morbidity & mortality among women in the childbearing period
b)Screening tests for elderly people
c)Control of cholera
5.Discuss in short the following:
a)Prevention & control of Hepatitis B virus infection

b)Risk factors for chronic Renal Faliure
c)Incideence & prevalence rates

Community
16/6/2007
time:2 hours

all questions are to be answered (9 marks for each)

1) **Discuss the specific measures of the prevention of the following diseases:**
   a) Measles **b) Typhoid fever**

2) **Write an account on:**
   a) Epidemic curve **b)Direct tools of nutritional assessment**

3) **Give a short note on:**
   a) **Elements of safe motherhood**
   b) **Who recommendations for baby friendly hospital**

4) **Mention the sources and the modes of transmission of the following diseases:**
   a)Tuberculosis **b)Chicken Pox** **c)Poliomyelitis**

5) **Discuss the role of diet as risk factor for development of:**
   a)Cancer **b)Coronary Heart Diseases**

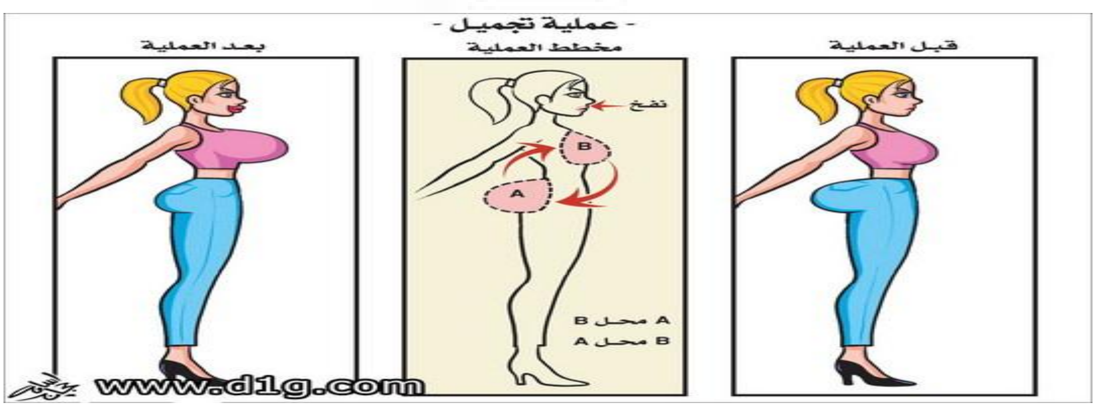
6) **Give short notes on pathogenesis of:**
   a)Silicosis **b)Asbestosis**

7) **Discuss the preventive measures of:**
   a)Ionizing Radiation **b)Brucellosis**

8) **What are the recommendations for prevention of avian influenza?**

9) **Write an account on secondary prevention of:**
   a)Hypertension **b)Diabetes Mellitus**

10) **Give an account on:**
   a)Evaluation of geriatric health services **b)Benefits of regular exercise**



Forensic







1. General Toxicology
2. Corrosives
   - Phenol
   - Oxalic acid
3. Atropine
4. Pesticides
   - Organophosphorus
   - Carbamates
   - Naphthaline
   - Rodenticides
   - Zinc phosphide
   - Anticoagulants
5. Alcohols
   - Ethyl alcohol
   - Methyl alcohol
6. Hydrocarbons
   - Kerosene
7. Heavy metals
   - Lead
   - Mercury
   - Iron
8. Psychotropics
   - Neuroleptics
   - Antidepressants
   - Tricyclic antidepressants
   - MAOI
   - New antidepressants
   - Lithium
9. Sedative hypnotics
   - Barbiturates
   - Benzodiazepines
   - Meprobamate
   - Chloral hydrate
   - New sedatives
10. Analgesics
    - Salicylates
    - Paracetamol
11. Theophylline
12. Cardiovascular drugs
    - Digitalis
    - Beta blockers
13. Anticonvulsants
    - Phenytoin
    - Carbamazepine
14. Toxic gases
    - Carbon monoxide
    - Cyanide
    - Hydrogen sulphide
    - Other gases
15. Food poisoning
    - Botulism
16. Animal poisoning
    - Scorpion sting
    - Snake bite
    - Spider sting
17. Drug dependence and drug abuse
    - Opiates and opiate dependence
    - Cannabis
    - Amphetamine
    - Cocaine
    - Tobacco smoking (Nicotine)
    - Volatile abuse
    - Benztropine abuse
    - Dependence by sedative hypnotic drugs
    - Alcohol dependence
18. Role of laboratory in clinical toxicology

Forensic medicine curriculum

1. Medical ethics
2. Identification
3. Diagnosis of death
4. Sudden natural death
5. Postmortem changes
6. General wounds
7. Injury of special organs
8. Causes of death from wounds
9. Head injuries
10. Firearm injuries
11. Asphyxia
12. Physical injuries
13. Transportation injuries
14. Blood stains
15. Diagnosis of pregnancy
16. Delivery
17. Abortion
18. Infanticide
19. Sexual offences

Forensic medicine

(A) HEAD INJURIES.

1.discuss meningitis after trauma?
Differentiate between coma due to concussion and alcohol?
3.discuss cerebral compression after head injuries?
4.discuss incised and contused wound of scalp?
5.describe cut fracture of skull vault?
6.describe fissure fracture of skull vault?
7.discuss sequel of concussion?
8.discuss types and severity of vault fracture?
9.enumerate &define the different types of head injuries &describe clinical picture, management & complication of one of them?
10.discuss fracture base of the skull?
11.give an account of lucid interval and its medico legal importance?

(B) Death & P.M picture.

1.discuss the early diagnostic sign of death ?give an account on hypostasis &differentiate between it and contusion and medico legal importance ?
2.enumerate sudden death in relation to C.V.S ?
3. give an account on somatic and molecular death ?
4.how would you certify the time of death within 1st 24hrs ?
5.discuss factor influencing the rate of putrefaction?
6. discuss cadivic spasm ?
7. discuss medicolegal importance of adipcere formation ?

(C) WOUND.

1.discuss examination of abrasion?
2.how would you certify a case of criminal wounding as one of simple injury only?
3. Give an account on puncture wound?
4.how would you determinate age of concussion [bruise]?
5.discuss death from reflex vagal inhibition?
6. Give an account on embolism as a cause of death in wound?

(D) BLOOD

1. Give short account on takayama test .
2.give a short account on teichman test ?
3.give a short account on medicolegal importance of blood grouping ?
4. in medicolegal report, the examiner stated that, there was dry blood stain on the ground belonged to the assailant and the group was AB .how did the examiner arrive to this result ?
5.discuss the blood transfusion incompatibility?

(E) IDENTIFICATION

1.you were asked to a certification concerning the age of
*** A young female about to get married.**
***A young male in order to obtain his legal rights.**
How to estimate their age?
2. What is importance of hyoid bone?
3. How you can diagnosis the age of dead full term baby?

احسن الي الناس تستعبد قلوبهم فطالما استعبد الانسان احسان

(F) BURNS &PHYSICAL INJURIES

1.discuss cause of death after burns ?
2.discuss death by electricity ?
3.discuss heat hyper pyrexia ?
4.discuss factors affecting gravity of burns ?

(G) ABORTION &PREGNANCY

1. what are the complication of criminal abortion ?
2. give short account on criminal abortion?
3. write an account on violability of infant?
4. write an account on umbilical cord examination ?
5. how you can diagnosis a dead full term fetus ?
6. what the medico-legal importance of examination of foot of newly born infant ?
7. what is medico-legal importance of umbilical cord around neck ?

(H) RAPE

1.discuss consent in rape ?
2. discuss sodomy ?

(I) Asphyxia

1.mention the importance of hydrostatic test ?
2. what is meant by hanging? MENTION the causes of death ?
3. how would you prove ligature mark of a rope around the neck is due to hanging or strangulation ?
4.give an account on the lung in death due to drowning ?
5.discuss postmortem finding in case of hanging?
6. discuss sure signs of death from drowning ?
7. discuss the postmortem picture of throttling ?
8. a child 6 years was strangulated by a rope ,the body was examined after 12 hrs
***how can you identify the age of child ?**
***what is the P.M picture?**
9. how can you differentiate between a hanging point of suspension and hanging from point ?

(J)FIRE ARM

1.mention the importance of powder marks ?
2.how would you differentiate whether a case of fire arm injuries ?
3.give an account on internal wad ?
4.how would you estimate the distance of firing in sporting injuries of fire arm
5.discuss characters of fire arm injuries ?
6.describe the inlet of gun shot that would be from a distance of 4 meters?
8. discuss character of point blank fire arm injury ?
9.on medicolegal report , the examiner stated that ,the victim sustained a fire arm injury by a short gun in the right thigh, fined at a distance of 2 meters . how did the examiner reach to this result ?

MEDICAL ETHICS

1. what are circumstance under which a medical practitioner should disclose professional secretes ?
2. discuss consent of treatment by operation ?

FORENSIC CASES

1. **in medicolegal report the examiner tested that the victim is a female 23 years old .she is pregnant ,the period pregnancy is 24 weeks &the cause of death is manual strangulation .how did the medical examiner arrived to this condition**
2. **in a medicolegal report the examiner stated that :**

the victim is a female 16 years old ,she was rapid then stepped by a sharp instrument in the neck chest & abdomen then cadaver has been BURNED to cancel the crime .how did the medicolegal examiner reached to these conclusion

3. a 25 years old female report to the police station &presented that during quarrel , the neighbor kicked her in abdomen &she alleged that she aborted after 16 weeks pregnancy &she presented certain flesh in a piece of cloth & alleged that the flesh is the product of abortion . the women has been referred to you to examine her &the flesh &to write a medicolegal importance ?
4. a40 years old man was found dead with a cut throat ,the medicolegal expert arrived 3 hrs after death and stated that ,it was a homicidal cut throat.
   A) how did the medicolegal expert prove that it was a homicidal cut throat ?
   b) how can you identify the age of the victim ?
   c) how can you prove that the postmortem interval was 3 hrs ?
   d) mention the cause of death in this case ?

TOXICOLOCY

Corrosives

1- *Give short account: on clinical picture of poisoning by oxalic acid. 86*
2- *Discuss the squeal of KOH poisoning. 88*
3- *Management of oxalic acid poisoning. 89*
4- *Give a short account on treatment of a child who swallowed potassium hydroxide (potash). 94*

Insecticides

1- What are the common types of chlorinated insecticides? Discuss the clinical picture of one of them. 90
2- Give short account on naphthalene toxicity. 87
3- Give an account on chlorinated insecticides. 93
4- Give an account on the clinical picture and treatment of organophosphorus insecticides. 95
5- Discuss naphthalene toxicity. 95
6- Management of a case of Naphthalene poisoning. 96

Gas poisoning

1- The clinical picture of CO poisoning & management. 90
2- What are types of red asphyxia? What is the Mechanism (Inch)? 90,91
3- Give a short account on management of cases of CO poisoning. 92

Plant alkaloids

1- The clinical picture & treatment of acute opium poisoning. 91
2- Discuss the clinical picture and management of intoxication with Digitalis preparations. 96

Metals

1- Give an account on EDTA. 87, 89
2- Clinical picture & management of Fe toxicity. 88
3- The clinical picture in case of mercurism. 92
4- Give a short account on iron toxicity. 94,95
5- Discuss the clinical picture and management of indication with chronic lead exposure. 96
6- Give an account in Iron toxicity. 97
7- Discuss Treatment of Iron toxicity. 98

Drug abuse & dependance

1- Write short notes on disulfiram (antabuse). 85,86
2- Discuss physical & emotional dependence to. drugs with examples. 87
3- Discuss the ttt of acute salicylate poisoning. 87
4- Describe the ttt of acute barbiturate poisoning.88

Biotoxins :

General toxicity & managment

Toxicology cases

1-D.D in a case of comatosed patient with pinpoint pupil

2- the poison control center received an adult during examination, the physician noticed yellow discoloration of sclera in both eyes what are the most D.D and management of such case?

3-a 25 years old male has been admitted to the poison control center, suffering from tachycardia. Enumerate the toxins that cause tachycardia. Discuss the mechanism of action of 2 of them and management in each of them.

4-a 28 years old male has been admitted to the poison control center, suffering from acute pulmonary edema, the mechanism of action of each one and management in each case.

5-enumerate the causes of toxicological coma and management of 2 of them.

6-a 25 years old male has been to the poison control center, suffering from tachycardia. Discuss the mechanism of action of 2 of them and the management in each case.

7- a 20 years old female has been admitted to the poison control center, suffering from bradycardia .enumerate the toxins that cause bradycardia and discuss the mechanism of action of 2 of them and management in each case.

8-an adult male has been admitted to the poison control center with convulsions.what are the D.D and management in this case.

9- a child swallowed the contents of a small bottle of a brown fluid ,used as a local antiseptic.he complained of burning pain,colic and the vomitus was yellow and its small was identified by the mother.

a)what is the poison?give the rest of clinical picture.

b)how can you treat his child?

10-an adult male has been admitted to the poison control center with convulsions.what are the D.D and management of this case.

FOrEnSiC & ToXiCoLoGY

1993

Answer all questions:

1-A cadaver of a male aged 60 years was recovered from the river. The medicolegal report excluded drowning as a cause of death and stated that death was due to manual strangulation (Throttling). How did the medicolegal expert arrive to these conclusions?

2-A 25 years old male has been admitted to the poison control center, suffering from tachycardia. Enumerate the toxins that cause tachycardia; discuss the mechanism of two of them and the management in each case.

3-Give a short account on:

*** Criminal abortion.**

*** Traumatic meningitis.**

*** Naloxone.**

*** Chlorinated insecticides.**

1994

All questions are to be answered:

1-The forensic expert stated in his report that the male victim was about 40 years and was shot in the face by a shotgun at the distance of three meters. The body was partially burnt after death to conceal the crime. How did the medicolegal expert arrive at this conclusion?

2-Give short account on;

*** The legal necessities for the diagnosis of pregnancy.**

*** Estimation of the age of a contusion (bruise)**

*** Ligature mark around the neck.**

3-An adult male was admitted to the poison control center suffering from convulsions. What are the possible lexicological causes and management of this case?

4-Give short account on:

*** Iron toxicity.**

*** Diagnosis of heroin dependence.**

*** Treatment of a child who swallowed K-OH (potash).**



1995

All questions are to be answered:

1) A 40 years old man was found dead in his bed with a cut throat. The Medicolegal expert arrived 3 hours after death and stated that it was a homicidal cut throat.

*** How did the medicolegal expert prove that it was a homicidal cut throat?**

*** How can you identify the age of the victim?**

*** How can you prove that the postmortem interval was 3 hours?**

*** Mention the causes of death in this case.**

2) Give an account on:

*** Burning by boiling water.**

*** Characteristics of point blank firearm injury.**

*** The medicolegal importance of lucid-interval.**

3) Give on account on:

*** The Cl/p and ttt of organophosphorus insecticides.**

*** Treatment of acetaminophen (paracetamol) poisoning.**

*** Iron toxicity.**

4) Discuss:

*** The medical hazards of drug dependence.**

*** Contraindications of gastric lavage.**

- **Naphthalene toxicity.**



1996

All questions are to be answered:
1) Discuss the following
*** Application of DNA typing forensic medicine.**
*** The medical consent.**
*** The examination of seminal stains.**
*** The complications of criminal abortion.**
2) Give an account on:
*** Concussion, its clinical picture and forensic pathology.**
*** Medicolegal importance of abrasions.**
*** Mechanism and medicolegal importance of cadaveric spasm.**
3) Discuss the clinical picture & management of into intoxication with:
*** Chronic lead exposure.**
*** Digitals preparations.**
4) Give an account on:
*** Treatment of acetaminophen (paracetamol) poisoning.**
*** Management of a case of Naphthalene poisoning.**
*** Management of a child who ingested kerosene.**
*** physical and emotional (psychic) dependence.**

1997

A- FORENSIC MEDICINE
1- Give an account on:
a) medical consent.
b) concussion , its cl.p. & forensic pathology.
c) immediate cause of death from wounds.

d) heat stroke.

B- TOXICOLOGY

2- A 20 years old female has been admittedto the poison control center , suffering from bradycardia , enumerate the toxins that cause bradycardia . Discuss the mechanism of action of 2 of them & the management of each case .

3- Give an account on:

a) iron toxicity

b) treatment of kerosene poisoning.

c) treatment of salicylate poisoning.



1998

ALL QUESTIONS ARE TO BE ANSWERED:

1- Enumerate the cause of toxicological coma, and management of two of them.

2- Discuss:

a)Clinical antidotes.

b) Treatment of kerosene poisoning.

c) Treatment of iron toxicity.

3- Discuss:

a)clinical picture and treatment of scorpion stings.

b) lucid interval.

4- Discuss diagnosis of death.

June 1999

1) Give a full account on:

a) Medico legal application of dna in forensic medicine

b) Medico legal importance of lucid interval
c) concet in rape
2) Discuss:
a) Characters of firearm injuries
b) Complication of criminal abortion
c) Scorpion sting
3) Enumerate drugs & poisons causing bradycardia & discuss one of them
4) Discuss:
a) # of gastric lavage
b) ttt of iron toxicity



June 2000

1) A 6 years old child was extracted dead after a fire in a crowded cinema. On post mortem examination the medicolegal expert concluded that death was due to parasympathetic shock and that the burn seen in his body and cloth were postmortem
a) How did he prove the age of the child was 6 years?
b)explain the mechanism for the mentioed cause of death ?
c) what are the postmortem finding that confirm the diagnosis?
d) what are the postmortem finding that exclude the postmortem finding that exclude the antemortem Burn and confirm the postmortem one
2) Give a short account on:
a)different forms of medical consent
b) sign of brain stem death
c) manifestation &cause of death in incompatible blood transfusion
3) A- gives a short account on cardio-pulmonary resuscitation.
B-what is the treatment of acetaminophen poising.

C-how can you differentiate between botulism and salmonella food poisoning?

4) A female child was brought to poison control center after local application of a pesticide solution to her scalp by her mother. Arrival following clinical finding…

Pulse: 58/min &respiration 12/min &drowsiness & pin point pupils

a) What are the tow possible group of pesticides causing such presentation ?

b) By investigation how can you differentiate between the tow type of pesticide such presentation?

c)What are coetaneous neuron-muscular and respiratory manifestation in such cases?

d) how can treat this case.



June 2001

1-A 21 years old man was admitted to the emergency room in a drowsy st to and a wound in the scalp after a blow to the head. The wound was sutured and the patient was discharged 4 hours after admission 24 hours later he as readmitted in coma, hypertension, and unequal pupils.

***Verify the age of the patient by doing X-ray. (one site).**

***How can you verify if the scalp wound was cut or contused?**

***Mention the sequelae that happened between the first and second admission.**

***What is the legal responsibility of the doctor who discharged the patient on the first admission?**

2-Give an account on:

a)Ligature mark in hanging.
b)Characters of injuries in the battered child.
c)Examples of negligence in malpractice.

3-A farmer was found unconscious in his farm. He had repeated vomiting diarrhea and abdominal colic. On examination he was in grade III come, with pin point pupils, muscle twitches and crepitating all over the chest.
*What are the criteria of grade III coma?
*What is the general treatment of a comatosed patient?
*What is your proper diagnosis? Why?
*What is the specific treatment in this case?

4-Give an account on:
*Medical hazards of drug abuse.
*Treatment of acute acetaminophen (paracetamol) toxicity.
*Clinical picture of acute digitalis toxicity.

June 2002

ALL QEUSTIONS ARE TO BE ANSWERED (TIME:2 HOURS)

1-Give full account on the following:
a)medicoligal importance of hypostasis.
b)ethics of gene therapy
c)heat hyperpyrexia and exhaustion.

2-in a rural area a medical practitioner was called to examine a body to give a death certificate.after external examination the physician reported the authorities that the body belongs to a child of 7 years old who was been shot from a non rifled weapon from a distance of about 4 meters and the suspected this body might be recovered from water.
a.explain how the physician has reached his diagnosis abou the age,type of weapon,distance of firing and possibility of recovering the body from water.
b.what are the possible causes of death in such a case.describe the external post-mortem picture of one of them .

3-give a full account on:
a.complications of corrosive ingestion.
b.doses,contraindications and complications of activated charcoal.
c.clinical picture of tricyclic antidepressant.

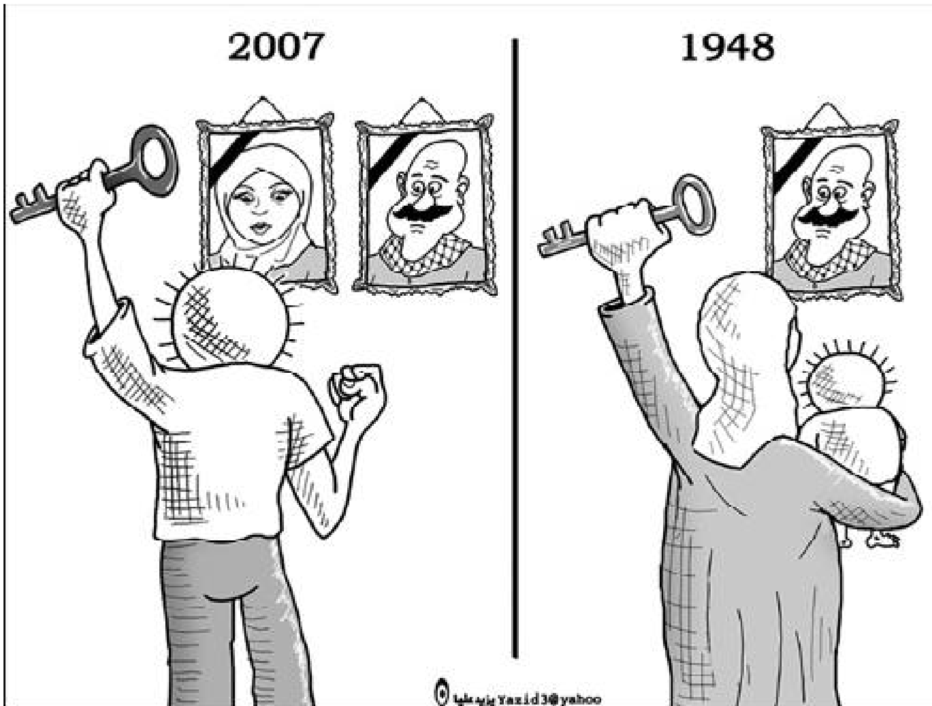
4-a family of 4 persons was brought to the emergency room by an ambulance from home at night.3 of these patients gave history of vomiting several times,dyspenea and complaint of sever weakness.the fourth one was a child in state of coma with tachypnea and his ECG showed evidence of cardiac arrythmias and his face was red in colour
a.what's the possible cause and mechanism of intoxication.
b.what are the possible arrythmias present in such case ,explain.
c.explain why the child developed more severe manifestations.
d.discuss the line of ttt in such case.



September 2002

Forensic medicine:
1-give full account on:
a.medicolegal importance in diagnosis of death.
b.fabricated"self inflicted wound"
c.medicolegal aspects of organ donation from a living person.
2-a medical practitioner is requested by local authority to give a preliminary report about a cadaver discovered in district,after external examination, he reported that it belongs to a female of about 16 years old.his report included the presence of a pale areas of hypostasis on the back with marked muscle stiffness in head,neck,and forearm.scattered areas of abrasions and contusions on the nack were seen.yellowish discharge was noticed from nipples and red discharge was covering the genital areas.
a.estmate the approximate time of death from available data.
b.what is medicolegal significance of the discharge observed in this case.
c.discuss possible causes of death in this case.
d.what are the expected internal findings that could be seen during autopsy to confirm the cause of death.
Clinical toxicology
3-give full account on:
a.clinical picture and ttt of scorpion sting.
b.manifestations and pathophysiology of phenathiazine toxicity
c.cardiopulmonary resuscitation.
4-a 3 years old child was brought to the emergency room by his mother,she discovered him restless,agitated with difficulty in breathing.she found beside him empty container of her medication previously prescribed to lowe her temperature.O/E the child was restless,exctited with evidence of respiratory rate 28/min and temperature 39◦ c .he developed cutenous purpuric rashes 24 hours after admission.
a.wht's the drug responsible for this case.what are the diagnostic clues present.
b.explain the respiratory,cutenous and temperature abnormalities,and their pathophysiology.

c.what are the diagnostic intervention(investigations)indicated.
e.how can we treat this case.



June 2003

all questions are to be answered:

1-a 21 years old male was accused of strangulation of a 16 years old female after raping her.a bite was found on the assailant's shoulder.

a)verify the age of both the victim and assailant by doing x-ray(one site for each age) (4 m)

b)describe a recent tear in the hymen. (4 m)

c)describe the ligature mark in strangulation (6 m)

d)what are the type of injuries that could be produced by abite?write procedures for examination of bite mark. (10 m)

2-Give an account on:

a)diagnosis of a battered child. (8 m)

b)causes of atypical appearance of the inlet in firearm injuries. (12 m)

3- a clear fluid with a characteristic smell(used as fuel by poor people) was accidentally drunk by a child.when transmitted to the hospital he was drowsy with dyspnea and fever.crepitations were heard over the chest,x-ray was done.

a)what's the suggested toxic agent in this case? (2 m)

b)what's its effect on the lungs? (8 m)

c)ttt of this case. (10 m)

4-Give full account on:

a)poison prevention strategies. (12 m)

b)antidote for scorpion sting: indications and dose. (8 m)

c)clinical stages of paracetamole(acetaminophen) toxicity.(10 m)



September 2003

1. A 23y old hit a 40y old man by a stick on his head . Some hair was found on the stick. The victim was transmitted to hospital in drowsy state,X-rays head revealed a linear (fissure)fracture and extradural hemorrhage.Few hours later full signs and symptoms of compression were noted.

a) Verify the age of both the victim and the assailant by doing X-ray (one site for each age) (4 Marks)

b) What caused this extradural hemorrahage? (6Marks)

c) What is the C/P of cerebral compression? (10Marks)

d) Discuss The medicolegal importance of examination the hair present on the stick (10Marks)

2. Give full account on

a) Forms of consent (6Marks)

b) Compare between heat exhaustion and heat hyperpyrexia (14 Marks)

3. After suicidal attempt,A female student was transmitted to the hospital with consticted pupil, sweaty face,vomiting,diarrhea,salivation, generalized weakness and muscle fasciculation.Crepitations were heard allover the chest

a) What is your most probable diagnosis? (2Marks)

b) How do you correlate the signs and symptoms to the mechanism of action of the suspected poison? (8Marks)

c) Discuss treatment of the case (15Marks)

4. Give a full account on

a) Effect of salicylate overdose on respiration&acid-base balance (10Marks)

b) Picture of Chronic tobacco somking (5Marks)

c) Naloxone(Narcan)as an antidote for acute opiate overdose (10Marks)



May 2004

1- The medicolegal expert on examination of a cadaver of agirl reported that she is of 12 years old and having an antmortem deep cut injury by a corrugated instrument crossing the anterior surface of neck from side to side . The victim has been also seually assulted before death . the body has bluish nail bed and mucous membranea >. From the previous information :

a- Discuss identification of the age (one reason)

b- What are the reasons that leads to description of the wound by the medicolegal expert ?

c- What are the posible causes of death ?

d- Describe local findings that support the evidence of recent rape act .

e- What are the samples to be taken from the victim that may help identifing the assailent ?

2-A- How do you defferentiat by TWO character only between :

1. Heat exahusted hyperpyrexia .

2. Inlet of near firing up to 15 cm and 1 meter distance in non rifled weapon .

3. Lucid intrval and early (irriative) stage of intracranial comeression .

4. Primary and secondery flaccidity

5. High and low point of suspention .

B- Give an account on duty of docotor in wounding cases .

3- G ive an acount on :

a. Pathophysilogy of methanol toxicity .

b. Cardiopulmonay reucitation .

c. Investigation and follow up of corrosive intke .

4- A child of 4 years old ingested iron tabletd of his bregnant mother .He was brought to the hosbital after 2hours of ingestion with pain inn his stomach and history of twice bloody vomitus .On examination he was lethargic . After gastric lavage the child was improved and discharged . He returned back aftertwelve hours suffering from fever ,shock & jaundice .

1. Enumurate 3 medication causing gastric bleeding after overdose .

2. Explain the reasons of manifestations after discharge .

3. What are investigations to diagnose and evaluate the condition ?
What are the emergancy lines of treatment inn such a case ?

septemper 2004

1.the medicolegal report of examination of a male cadever included that, he is 23 years old , died sice three hours . the victim has bean hit(beaten) by ablunt object on extremities about three days before death . the wrists and ankles showed recent traces of rough rope mark. a parchment like circular area was found in the lower part of tyhe right side of the chest .
a)give one reason for identificaTION OF THE AGE .
B)WHAT ARE THE FINDINGS TO APPROXIMATE TIME OF DEATH .
C)HOW COULD THE EXPERT ESTIMATE THE AGE OF WOUNDS INFLICTED ON THE BODY?
d)enumerate possible causes of death.
e)describe post-mortem picture of one of the causes .
2.
a)hwo do you deffrintiate by two properties only:
i.internal and external wad of non rifled weapon.
ii.antemortem and post mortem stabbing.
iii.traumatic and meningococcal meningitis.
iv.respired and non respired lungs of a newly born.
v.thermal and traumatic skull fracture .

b)mention the condition in which the practitioner is allowed to disclose the secret of tyhe patient.
3.in suicifdal attempt a 20 year old female was brought to emergency room , after an hour of intake grand mother's cardiac therapy . she complained of nausea , vomiting blurring of vision and abnormal colour perception of yellow halos ,on examination :bl.p. 90/60mmhg,pulse 50beat/min.
a)what is the most probable diagnosis.
b)enumerate other three cardiotoxic agents .
c)what are trhe investigations needed to asses and confirm the diagnosis .
d)explain electolyte change obtained .
e)discuss treatment in sush a case .
4.give full account on :
a)complication of gastric lavage .
b)clinical picture of acute carbon monoxide poisoning .
c)blood picture in chronic lead poisoning .
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may 2005

all questions are to be answered :
1.a newly born live-born baby was found dead in the street beside a building . the forensic examiner could know how long the baby lived after delivery from external changes that were present around the base of the umbilical cord .also burns by applying boiled water on buttocks and lower limb were noticed. the foremsic examiner reported that the baby was killed by throttling .
a)describe the external changes that occur on the base of the umbilical cord and help to know the peiod of life after delivery.
b)what is the type of burn caused by boiled water ?what are its characters ?

c)mention special features (neck signs) of throttling ?

2.give full account on :

a)ethics of donation of organ from a living person.

b)medicolegal importance of countre-couplesions of the brain .

c)causes and medicolegal importance of persistant vegitative state.

d)cause of large inlet in firearm injuries .

3.a heavy smoker was found unconscious in the bathroom . he was in coma III and his skin and mucous membrane were pink in colour . chest examination showed pulmonary edeama .

a)what is the probable causetive toxic agent?

b)what are the crireria of coma III?

c)what are the factors that affect toxicity with suspected agent?

d)discuss treatment of the case .

4.give full account on:

a)clinical picture of botulism .

b)specific antidot for digitalis toxicity.

c)meshanism of respiratory tract and lung injury in kerosene toxicity .

d)contra-indication of multiple dose activated charcoal(MDAC).

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MAY 2006

1.A BODY WAS RECOVERED FROM THE RIVER . ON POST MORTEM EXAMINATION , THE MEDICO LEGAL EXPERT REPORTED THAT ,IT BELONGED TO A MALE person aged 21 years , multiple cut wounds all over tyhe body were found and death was due to heamorrhage not due to drowning . explain how the expert reached the diagnosis about :

a)age of the victim (by doing x-ray on one site only).

b)type of injuries found on the body .

c)the victim was thrown in water after death (by external examination only).

d)the cause of death.

2.

a)mention two medicolegal iportanceonly for the following:

i.hypostasis.

ii.dna typing application.

iii.types of hymen.

iv.lucid interval.

b)give a short account on :

i.ethics of gene therapy.

ii.rapid causes of death from burns.

3.a 28 years old farmer was found comatosed in his farm after ingestion of a clear fluid.he had been brought to the emergency department. on examination , he was found in grade II coma .pupils wera constricted , the pulse was 50beats/min.,bl.p.90/60mmhg,and there was crepitations all over the chest.

a)what is the possible diagnosis of the case and why ?

b)what are the criteria of grade two coma?

c)how can you invistigate this case ?

4.what are the general characters and genberal management of drug dependance ?

5.pathogenisis (pathphysiology)and antidotes in toxicity by:

a)methanol.

b)scorpion sting.

c)b-blockers.

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septemper 2006

all questions are to be answered :

a person recieved a trauma by a heavy blunt object on his right temple and fell on the ground unconcsious . on arrival to the hospital after1 hour , he was still comatosed . his blood pressure was 150/90,pulse 50 beats/min. and resoiration was deep and slow . the pupil of the right eye was of normal size while that of the left one was dilated .

also flaccid paralaysis of the rightside of the body occurred .he died at last .

a)mention the possible diagnosis of the case .

b)explain the mechanisms that lead to shanges of clinical picture .

c)mention hwo could you identify the site of lesion by clinical examination .

d)explain the pathophysiology of occurrence of the lesion at the affected site.

e)mention the meshanism that lead to death.

f)enumerate postmortem picture of this case .

2.a) diffrentiate between the folowing three characters only:

- **1-dry and wet burn.**
- **2-homicidal and suicidal cut throat.**
- **3-primary and secondary flaccidity.**
- **4-permanent and milky dentation .**
- **5-typical and atypical firearm inlet.**

3.a child was to the emergency room, presented with a bloody vomitus after ingestion of a coloured tablets of his pregnant mother . on the second day there as marked improvement of his condition .

a)mention four toxilogical causes of bloody vomitus?

b)does the improvement in his condition allow the physician to discharge the child from hopspital?

c)explain the expected clinical picture of this case .

d)how could you manage this case ?

4.

a)mention the pathophysiology of acyte poisoning by the following poisons and their antidotes

- **i.digitalis .**
- **ii.scorpion sting .**
- **iii.opiates .**

b)discuss breifly the complications of corrosve burn.

Forensic Medicine& Clinical Toxicology
24/6/2007
time allawed 2 hours

<u>all questions are to be answered:</u>

1) **A divorced female, 18 years old ,brought her 2 years old child to the emergency room complaining of scalp injury. She told the doctor that her child hit the wall while running. On examination the physician found a bleeding contused wound in the scalp, two contusions of 3 an 7 days old on his right thigh, abrasions on his back, and human bite marks of different ages**

on his arms.On his arms. On asking his mother, she denied knowing the cause of the injuries.

a) What do you call his syndrome? How could you reach this diagnosis? (5 marks)

b) How the physician could define the age of the contusions? Expalain. (3 marks)

c) Are there any important investigations should be done in this case? Why? (3 marks)

d) Do you think this child needs hospital admission or not? Explain. (4 marks)

e) What are the complications of scalp injury? (6 marks)

2) Give an account on:

a) Difference between precipitated labour and homicidal injury of infant (6 marks)
b) Medico legal importance of gun powder. (6 marks)
c) Forms and validity of consent. (6 marks)
d) Rapid causes of death in burns "within 6 to 48 hours" (6 marks)

3) A 40 year-old male worker in a battery factory for ten years started to complain of repeated attacks of abdominal colic and constipation. On examination marked pallor was noticed.

a) What is the probable diagnosis and why? (5 marks)
b) Explain the pathophysiology (etiology) of the pallor present in this case. (5 marks)
c) What are the investigations needed to confirm the diagnosis?(4 marks)
d) How could you treat this case? (7 marks)

4) Give an account on:

a) Defination and characteristics of drug dependence in general. (6 marks)
b) Clinical picture of botulism and its differential diagnosis. (6 marks)
c) Clinical picture of acute theophylline toxicity. (6 marks)
d) Contraindications and complications of activated charcoal. (6 marks)

Good luck

IF u haVe More ideAs how to develop tHis eXaMiNatioN nOte plEaSe coNtaCt aNd seNd yoUr feedbacks tO :

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